CHAPTER 9 — HEALTH CARE SERVICES

ARTICLE 1 – *RESERVED (MEDICAL SERVICES)*

ARTICLE 2 – MENTAL HEALTH SERVICES

Revised July 11, 1995

91020.1 Policy

The Department shall receive, evaluate, house, treat, and/or refer all psychiatrically disturbed inmates who by virtue of their mental illness are unable to appropriately function within the constraints of the usual correctional processing or program assignments.

91020.2 Purpose

To provide for the detection, diagnosis, treatment, and referral of inmates with mental health problems and to assist each facility's Warden during all stages of each inmate's period of incarceration.

91020.3 Plan for Mental Health Programs

The Deputy Director, HCSD, shall maintain the delivery of mental health services and programs to inmates and parolees. Such services and programs shall include the following:

- Provisions for mental health care to all inmates and parolees with emphasis on identification of need while in reception and prerelease processing.
- Provision for diagnosis and treatment of voluntary patients.
- Provision for involuntary diagnostic and treatment services with appropriate safeguards against abuse and means for appeal and relief.
- POCs shall provide mental health services to parolees, reporting administratively to P&CSD, and reporting professionally to the Deputy Director, HCSD.
- An ongoing program to assess the needs of current departmental population.
- Priorities for the use of limited resources and plans for improving existing programs or initiating new programs.
- Criteria for referring for services within the Department and to other agencies.
- A program review and evaluation activity.

91020.4 Services

Each institution shall provide staff, space, equipment, and supplies for the treatment and/or referral of inmates with mental disorders requiring care. Each institution shall provide 24-hour emergency service.

- All departmental staff, by their supervisors, shall apprise institutional management when this procedure and/or professional standards are not being followed or met.

91020.5 How Services are Obtained

Departmental employees may refer an inmate to an institution's mental health services or the inmate may submit a request for such services.

91020.6 On-Site Services

Inpatient psychiatric services shall be provided at the:

- CMF.
- CIM.

Outpatient services or arrangements for appropriate referrals shall be provided at all institutions.

91020.7 Routine Referrals

The treating physician at any facility may initiate a referral to any psychiatric resource by contacting the designated facility Chief Psychiatrist (CP) or equivalent. The referring facility shall arrange transportation. The receiving facility may request further evaluation prior to transfer.

Placement and assignment procedures for psychiatric treatment categories, including documentation and CSR endorsement, shall be as outlined in the DOM 62050 and 62080.

91020.8 Category "I"

A classification of Category "I" for males and "I" or "Psychotic" for females is assigned to inmates who are believed to be:

- Acutely psychotic, severely depressed, or suicidal.
- Mentally ill inmates who are management problems, providing the psychosis warrants treatment in a hospital setting.

91020.8.1 Category "I" Transfers

Category "I" care is provided at CMF or at the CIW. Category "I" designation shall only be made by CMF or CIW staff. Other institutions with inmates who appear to meet Category "I" criteria shall transfer such cases to CMF or CIW for psychiatric observation.

When an inmate believed to be mentally ill is transferred to a psychiatric program and later found not to be mentally ill, they shall be returned to the sending institution without CSR review.

The DMH provides inpatient services for inmates transferred from the Department in accordance with PC 2684 and at CMF by interdepartmental contract.

91020.8.2 Mental Health Evaluations

When an inmate is transferred for a comprehensive mental health evaluation by a multiple disciplinary mental health team, it shall take place within 14 days after the date of transfer. The evaluation shall include at least the following:

- Review of mental health screening and appraisal data.
- Collection and review of additional data from staff observation.
- Individual diagnostic interviews and tests assessing intellect and coping abilities.
- Compilation of individual's mental health history.
- Development and overall treatment/management plan with referrals.

91020.9 Off-Site Services

The Department maintains interdepartmental agreements to transfer mentally ill or mentally deficient inmates or parolees to DMH or the Department of Developmental Services for treatment.

91020.10 Records

Records for each inmate housed by DMH shall be maintained by the respective "hub" institution (refer to DOM 62030). The "hub" institution and P&CSD staff shall make all contacts with the designated DMH facility to secure reports, schedule BPT hearings, and to process an inmate's parole or discharge. Any report needed for BPT hearings, Superior Court, or other such proceeding shall be requested of DMH to prepare the report or send the departmental staff person to the hospital to complete the report.

91020.11 Inpatient Facility

The psychiatric inpatient unit shall treat mentally disordered patients with any psychiatric illness or disease, whether functional or of organic origin, requiring inpatient-level care.

91020.11.1 Inpatient Facilities Requirements

The CP shall:

- Administer medical care and services for the unit, including all acts of diagnosis, treatment, prescribing, and ordering of drugs.
- Develop a plan for treating and/or referral of patients with emergency medical problems.
- Chair a committee to identify and recommend to administration necessary equipment and supplies.

91020.11.2 Psychiatrists

The psychiatrist shall:

- Prepare the diagnostic formulation for each inmate.
- Develop and implement individual treatment plans.
- Determine frequency of medical examinations.

Reports of all medical examinations shall be placed in the inmate's medical record file.

Only medical staff shall order an inmate removed from general housing status for medical or psychiatric reasons.

91020.11.3 Clinical Psychologists

Psychological services shall be provided by clinical psychologists. Clinical psychologists are members of the medical staff and shall have admitting privileges within departmental medical facilities.

91020.11.4 Social Worker Services

A social worker shall be used for the rendering of social services:

- At the request of the patient's attending physician.
- At the request of management staff.

91020.11.5 Psychiatric Nursing

A nurse with at least two years experience in psychiatric nursing shall provide the nursing management of the psychiatric unit.

There shall be an RN with training and experience in psychiatric nursing on duty at all times in an institution having a psychiatric unit.

There shall be sufficient nursing staff including RNs, MTAs, Licensed Vocational Nurses (LVN), and mental health workers to meet the needs of inmates. Nursing activity documentation shall be forwarded to the unit CP.

91020.12 Therapeutic Programs

Every inpatient unit shall:

- Provide and conduct organized programs of therapeutic activities in accordance with the interests, abilities, and personal and custodial needs of the inmate.
- Develop and record an individual evaluation and treatment plan which is correlated with the total therapeutic program.

Qualified therapists shall be employed to conduct the therapeutic activity program that may include:

- Occupational.
- Music.
- Art.
- Dance.
- Recreation.

91020.13 Inmate Patient Rights

Each inmate patient shall have the same rights as all other inmates unless the physician has good cause to deny an inmate any of the rights specified. The denial and reasons shall be entered in the inmate's medical record.

91020.14 Due Process for Psychiatric Patient Transfers to CMF

Due process for inmates transferred to CMF for psychiatric reasons shall be accomplished by CMF staff.

The inmate shall:

- Be given written notice indicating a hearing shall be held within seven days after arrival at CMF.
- Be assisted by his caseworker for and at the hearing which includes available documentation relating to the transfer.
- Have the information and/or justification for ordering the transfer disclosed at the hearing.
- Have the opportunity to present either oral or written testimony of witnesses.
- Be informed in writing of the decision.

The chairperson shall:

- Be an independent decision maker.
- Not be the treating psychiatrist at the referring or treating facility.
- Have the discretion to limit witnesses.
- Have the discretion to continue the hearing if additional information is needed.

91020.14.1 Appeal

The inmate may appeal the decision within 30 days using CDC Form 602, Inmate/Parolee Appeal Form.

Note: DOM 54060.15 through 54060.34 are now incorporated into DOM 99010.

91020.15 Control of Inmate

Employees are authorized and shall be required to use physical force on an inmate when necessary under the following circumstances:

- To prevent injury to other persons.
- To prevent escape or serious disorder.
- To prevent serious property damage.
- To prevent suicide or self-inflicted serious injury.
- To accomplish a necessary change in location after the inmate has been given a reasonable opportunity to cooperate and refuses to go. A supervisor shall be present to supervise the activity.
- To accomplish medically ordered involuntary medication supervised by a custody supervisor and observed by a medical doctor or RN.

91020.15.1 Contained Situation

Contained or controlled situations (such as a recalcitrant inmate in a locked cell or room) with no apparent likelihood of immediate danger or injury to any person shall be evaluated and alternatives to the use of force, considered. In such controlled non-emergency situations, the use of force may be authorized only by personnel at the level of lieutenant or above. On psychiatric wards, the approval of a psychiatrist shall be required.

91020.16 Staff Responsibility

Staff persons shall:

- Orally report to the immediate supervisor all incidents where physical force is used to subdue, contain, or control an inmate.
- Fully document the incident prior to leaving the facility.

91020.16.1 Supervisor's Responsibility

Supervisors shall:

- Provide supervision of the incident, when possible, to ensure only minimum amount of force is used to control the situation.
- Not become actively involved in the use of force unless absolutely necessary.
- Report incident verbally and in writing to the immediate supervisor.

Supervisor in charge shall:

- Ensure medical attention and care is provided.
- Have personnel evaluated by medical staff and first-aid administered if required.
- Have injured inmates treated by medical staff and documented on a CDC Form 7219.
- Have photographs taken of all persons involved and verify photographs are true depictions.
- Log and maintain negatives and pictures for two years before obliteration.

91020.17 Restraint and/or Seclusion

Application of mechanical equipment and/or seclusion for psychiatric reasons shall be:

- Used only to protect the inmate and others from injury.
- To prevent property damage.

Mechanical Equipment

An inmate shall:

- Be placed in restraint only by written order of a physician.
- Be placed in restraint at the discretion of a RN, MTA, or LVN and an oral order obtained, recorded, and signed by a physician.
- Be observed every 15 minutes by medical staff.
- Be easily removable in the event of fire or other emergencies.

A record of type of restraint, application, and removal shall be in the inmate's medical record.

Seclusion

An inmate placed in seclusion requires the same orders as mechanical equipment restraint.

9102.18 Taser

The taser, an electrically charged control device, may be used on combative, resistive, assaultive, or disturbed inmates to:

- Control.
- Subdue.
- Contain.
- Escort.

The taser shall not be used as corporal punishment.

91020.18.1 Authorized Use of a Taser

Only qualified and certified staff are authorized to use a taser. A taser may be used on an inmate in order to:

- Prevent injury to other persons.
- Prevent escape or disorder.
- Prevent serious property damage.
- Prevent suicide or self-inflicted serious injury.
- Accomplish a necessary change in cell location.

Supervisor

The supervisor shall be present during the use of the taser.

In an emergency life-threatening situation, any on-duty lieutenant may order and be present during the use of the taser.

Taser Operator

Only sergeants and above shall actually operate the taser.

91020.18.2 Medical Staff Present During Use of a Taser

A medical representative shall be present during the use of the taser. Medical staff shall remove the darts from the inmate.

91020.18.3 Review of Medical/Psychiatric Records

Custodial Staff

A taser shall not be utilized until the following occurs:

- Custodial staff shall notify the CMO or designee that use of the taser is being considered on a particular inmate. Custodial staff shall identify the inmate to medical staff by name, CDC number, and housing location.

CMO

- The CMO or designee is responsible to review the medical and psychiatric sections of the inmate's health record to ascertain whether there are any medical conditions that preclude the use of the taser. **Use of the taser is prohibited if the inmate received any psychotropic medication in the prior six weeks, is being treated for a cardiac arrhythmia, or has a pacemaker.**
- If no prohibitive medical or psychiatric condition exists, medical staff shall inform the appropriate custodial authority that there are no medical/psychiatric factors which preclude the use of the taser on the inmate at this time.

91020.18.4 Documenting Review of Medical/Psychiatric Records

CMO

- The CMO or designee is responsible to document their findings in the general medical and psychiatric sections of the inmate's health record.

Facility Administrative Staff

- The facility administrative staff is responsible to document compliance with these procedures within the CDCR Form 837 series, Crime/Incident Report, which is submitted to the Institutions Division at headquarters.

See DOM 32010, Taser Certification/Recertification Requirements; 51030, Reportable Incidents; and 55050, Authorization/Use/Limitations and Storage, for additional information on the taser.

91020.19 Inmate in AD-SEG

When an inmate remains in AD-SEG beyond 30 days, a personal interview shall be conducted and a written report, CDC Form 128-C, shall be prepared by a psychologist or psychiatrist to evaluate any psychological sequel, need for medications, and/or reassurance about external circumstances. If the inmate confinement continues beyond three months, a psychological assessment shall be made every three months.

91020.20 Clinical Evaluation by Counselors

There may be occasions when large numbers of psychiatric referrals and limited psychiatric staff may require that qualified CC-IIs prepare clinical records in lieu of psychiatric evaluations for selected cases and under supervision of a psychologist or a psychiatrist. A psychiatric council shall be established to review such evaluations prepared by counselors. The council shall be comprised of:

- Chairperson: facility's chief or program psychiatrist/consulting psychiatrist.
- Clinical psychologist.
- PA, CC-III, or CC-II who prepared the evaluation.

91020.21 Inmates With Death Sentences

Three appointed psychiatrists shall:

- Conduct a psychiatric examination and submit a written report to the Warden in time for the report to be transmitted to the Governor at least 20 days prior to the scheduled execution date.
- Have all information available pertinent to the inmate's sanity.
- Prepare a report at least 20 days prior to scheduled execution to be submitted in triplicate to the Director.
- Evaluate the electroencephalogram examination with an interpretation of the results in lay wording.

91020.22 Psychiatric Serious Disciplinary Hearings

For serious disciplinary hearings in a psychiatric unit, a subcommittee shall include a psychiatrist or psychologist. A full disciplinary committee shall include a psychiatrist and a psychologist.

91020.23 Psychiatric/Psychological Evaluations--General Instructions

For efficient use of evaluations for BPT, Superior Court, etc., the psychiatric/psychological portion of the cumulative case summary shall:

- Be brief and concise.
- Use lay terminology and explanations.
- Avoid detailed recapitulation of material available elsewhere in the cumulative summary.
    - If the previous report is virtually identical to the current evaluation, do not rewrite the entire report.
    - Indicate the case has been reviewed, the previous report is still applicable, and there is no significant change.

91020.23.1 Content

The evaluation shall also indicate:

- Whether this is the first, second, etc., report to the authority.
- Length of time since the last report.
- What was the nature of author's contact with the inmate.
- If first report, note pertinent previous psychiatric history with a short digest of essential conclusions and treatment.
- Summarize current essential development and progress.
- Delineate the psychopathology present which supports the diagnosis and prognosis.
- Reevaluate previously reported psychiatric conclusions.
- Comments on causative factors, self-understanding, attitudes, motivation for change, emotional stability, social identification, sincerity, and rehabilitation.
- A neurological appraisal (or reference to prior appraisal or note that such appraisal is needed) if organicity is present.
- The observed effect of medication or note if not on medication.

91020.23.2 Conclusions

All evaluations shall list the reasons for general conclusions. The diagnosed psychopathology is related to criminal behavior:

- Directly, the offense or offenses were largely a function of the psychopathological state.
- Indirectly, the psychopathology directly and clearly predisposed to the offenses but did not determine them.
- No significant relationship, criminal behavior, and psychopathology have been unrelated. Continuation of the psychopathology does not substantially increase the likelihood of criminal behavior.

Observation in the Facility

During observation in the facility, the inmate has:

- Psychiatrically improved slightly, moderately, greatly, or entirely.
- Psychiatrically deteriorated slightly, moderately, or greatly.
- Psychiatrically has shown no significant change.
- No conclusions may be drawn because of insufficient time and observation by evaluation.

Return to Community

In a less controlled setting such as return to the community, the inmate is:

- Considered likely to continue improvement.
- Considered likely to hold present gains.
- Considered in all probability to deteriorate because of (listreasons).

91020.23.3 Suggested Actions

From a psychiatric standpoint, the inmate should:

- Remain in present rehabilitation program as continued benefit is likely. State recommended specific treatment.
- Be removed from special (psychiatric evaluation) calendar because:
    - Psychopathology is not significantly related to future criminal behavior and psychiatric opinion will not contribute to release decision.
    - Two or more favorable psychiatric reports (having conclusions favorable for release) have been written within the last three years. The two favorable reports shall have been written by more than one examiner or had psychiatric council review.
    - There have been repeated psychiatric reports describing chronic mental pathology which cannot be expected to change. The conditions under which parole would be possible or become possible shall be spelled out with this recommendation.
- Be considered for transfer to DMH as needing treatment not available in the Department. Recommendations shall state whether it is anticipated that such treatment may result in the inmate being able to be returned to society.

91020.23.4 Parole and Release

If the inmate is to be paroled or released, consideration shall be given to the following:

- Violence potential outside a controlled setting in the past considered to have been serious (specify) and at present estimated to increase, decrease, or be comparable. In this context, violence is equated with inflicting physical harm on others or great emotional harm, as by creating fear.
- Conditions of parole such as outpatient clinic (parole or local), halfway house, no alcohol, and other special attention or special supervision needs. Indicate whether evaluator recommends:
  - Mandatory for parole from facility.
  - Necessary after release to parole.
  - Desirable.
- Continuation of medication on parole. Specify name of medication, dosage, frequency, and route of administration.

91020.23.5 Contingency Recommendations

Indicate recommendations to the classification committee if parole is denied. If a parole date is set, give pertinent information for the period in the facility prior to parole (e.g., whether further psychiatric evaluation should be made prior to release). Indicate basis for all recommendations.

91020.24 Progress Reports

After the report is written, new psychiatric developments in the case shall be reported on CDC Form 128-C and sent to the C&PR for inclusion in the report.

91020.25 Psychiatric Evaluations—Life Prisoners

A full psychiatric evaluation on life prisoners shall be prepared for all initial and subsequent parole hearings. An evaluation shall be prepared for any rescission hearing based on psychiatric problems or assaultive/sexual behavior. Inmates shall be retained on psychiatric referral status unless specifically removed by a BPT panel and the reasons specified in the hearing decision.

91020.25.1 Category X

Inmate cases ordered to category X shall be calendared to appear in one year, unless the panel specifically instructs that the inmate be calendared upon completion of the evaluation. Inmates who refuse to cooperate with a requested evaluation shall also be retained on psychiatric referral status and calendared on the one-year schedule.

91020.25.2 Distribution

Psychiatric evaluation reports shall be completed and copies distributed to the inmate, their attorney, and the DA at least 15 days before the hearing.

91020.26 Gender Dysphoria Treatment

Genetically, male inmates who may have problems of gender dysphoria (an emotional state characterized by anxiety, depression, etc.) may be referred for evaluation and possible treatment to the gender identification unit at CMF. Genetically, female inmates with analogous problems shall be referred to the CMO at CIW.

- Recommendations for treatment or nontreatment shall be determined by a gender committee at CMF. The physician in charge of the gender identify unit shall serve as chairperson and shall be determined by the CMO at CIW.
- Medical staff shall assess prior use of sex hormones.
- Referral for psychological evaluation shall be required only on inmates where the physician has questions regarding the inmate's mental status or the appropriateness of further hormone treatment from the standpoint of psychological factors.
- If discontinuation of hormones is considered, medical staff shall assess the risk for negative consequences of such discontinuation. The length of prison sentence may be an important consideration. For a male inmate who is going to spend many years incarcerated, it may be realistic to consider the medical consequences of discontinuance. Male inmates transferred from CMF to other facilities shall not be continued on their hormone medication.

Implementation of surgical castration, vaginoplasty, or other such procedures shall be deferred beyond the period of incarceration. Surgical procedure shall not be the responsibility of the Department.

91020.27 PC 1170(d) Evaluations

When a request for a PC 1170(d) is received, staff shall prepare a diagnostic study and recommendation. This report, together with the current psychological evaluation if indicated, and a transmittal letter shall be reviewed by the program's Associate Warden. If any staff recommendations are in conflict, the method by which this conflict was resolved shall be described in the transmittal letter to the court. Excluding reception centers and emergencies, inmates shall not be transferred until the PC1170(d) report is completed.

91020.28 PC 273(a)(d) and 1203.03 Evaluations

Reception center staff shall prepare a psychiatric/psychological evaluation for each PC 1203.03 case and each inmate who, after observation or based on the information from the county, appears to have a psychiatric problem that may affect facility placement. Prisoners convicted of PC 273(a) (willful cruelty toward child/endangering life, limb, or health) and/or PC 273(d) (inflicting corporal punishment upon a child resulting in traumatic injury) shall undergo a psychiatric/psychological evaluation to determine whether counseling may be recommended as a condition of parole.

91020.29 Work/Training Incentive Program

An inmate with documented long-term medical/psychiatric work limitations shall be processed in the following manner:

- The inmate shall receive a psychiatric or psychological evaluation to determine the extent of the inmate's disability and to delineate the inmate's capacity to perform work and/or training programs for either a full or partial work day. If the inmate is deemed capable of working only a partial work program, they shall be awarded full-time credit for participation in such a program.
- The psychiatric or psychological evaluation shall be reviewed by the facility's classification committee.

91020.30 Revisions

The Deputy Director, HCSD, or designee is responsible for ensuring that the contents of this section are kept current and accurate.

91020.31 References

PC §§ 273, 1170, 1203.03, 2600, 2684, 2685, 2690, 3002, 3501, 5068, and 5068.5.

CCR (15) (3) §§ 3342 and 3362.

CCR (22) §§ 70577 and 70579.

W&I §§ 5000 et seq., and 7301.

H&SC § 1316.5.

B&PC §§ 2900 - 2912.

Youngberg v. Romero.

The injunction, dated October 31, 1986, in the matter of Keyhea V. Rushen, 178 Cal. App. 3d 526.

The Consent Decree filed March 25 in the case of Whitaker V. Rushen, U.S.D.C., ND No. C-81-3284.

DOM §§ 32010, 51030, 55050, 62030, 62050, and 62080.

ARTICLE 3 –DENTAL SERVICES

Revised March 11, 1993

91030.1 Policy

The Department dental care policy is to provide only the most essential treatment for the greatest number of inmates.

Basic minimum services shall be accomplished first. Elaborate or extensive care for one patient that cannot be provided for all shall not be undertaken. Availability of funds, facilities, and staff shall govern the level of treatment provided.

Dental services provided shall be diagnostic, preventive, and corrective procedures legally performed by lawfully qualified dental health professionals.

91030.2 Purpose

To provide care necessary to diagnose, prevent, control, and correct dental conditions that are detrimental to the health or the dental well being of the inmate.

91030.3 Policies

The chief dentist (CD) shall develop and maintain written policies and procedures for the dental service in consultation with other health professionals and administration.

In hospitals:

- Policies shall be approved by the governing body.
- Procedures shall be approved by the medical staff and administration.

Written statements defining responsibility and accountability of the dental service to the medical staff and administration shall:

- Be available at all health facilities.
- Include an organization chart.

Written procedures shall be developed assuring inmate access to dental health services covering inmates housed in disciplinary and special housing units as well as general population.

91030.4 Dental Services Provided On-Site

Each designated dental site shall be provided with sufficient space, staff, equipment, and supplies to provide the following services:

- Examinations and X-rays.
- Oral hygiene and prevention instructions.
- Fillings: silver alloys and composites.
- Temporary crowns: acrylic and stainless steel.
- Oral surgery.
- Limited periodontal treatment.
- Prosthodontics: removable full and partial dentures.

91030.4.1 Dental Services Available Off-Site

For essential services that are not provided on-site, each dental service site shall make contractual arrangements for services to be provided off-site.

91030.5 Personnel

Each dental service site shall have professional and auxiliary staff to meet the needs of the facility. This staff shall be composed of:

- Full-time facility employees.
- Part-time facility employees.
- Contract employees.
- Volunteers.

Policies and procedures of the Department for the utilization of these personnel classes shall prevail.

91030.5.1 Staff Responsibilities

All dental services shall be under the professional supervision of a dentist licensed to practice in the State of California who is responsible for dental services to the Deputy Director, HCSD.

Wardens

Wardens have supervisory responsibility of CDs with regard to custody, security, and administration of facility rules. Wardens shall be consulted on major changes in dental services programs.

Chief Dentist

The dental service shall be under the immediate supervision of a designated dentist referred to as the CD who shall be licensed by the State of California and who is fully qualified. Responsibilities shall include:

- The organization and administration of the dental service.
- The supervision of staff assigned to the dental service.
- The mechanism for providing dental care.
- The coordination of dental services with medical, psychiatric, nursing, and custodial services.
- The recruitment and training of staff members.
- Clarifying policies in all aspects of dental care.
- Duty statements for each position utilized. The duty statement shall include:
  - Job title.
  - Full or part-time position.
  - Temporary or permanent position.
  - Duties to be performed and percentage of total time spent in each.
  - Hours of work.
  - Position's immediate supervisor.
- Developing and implementing a process whereby the facilities, the process of care, and the outcome of care are evaluated to ensure that the dental service performed meets acceptable standards.
- A process whereby the programs for delivering dental care are evaluated to assure the appropriate allocation of dental resources.
- Keeping copies of current licenses for all free dental staff.
- Filing copies of current drug enforcement administration certificates for dentists with the pharmacy.
- Establishing dental sick call to accommodate the IW/TIP.

Dentist

Dentists employed by the Department shall be licensed and fully qualified to practice dentistry in California. They shall adhere to the Code of Ethics published by the American Dental Association.

Dentists shall:

- Provide dental care in a facility setting.
- Be in charge of facility dental services.

Auxiliary Personnel

The duties of dental auxiliary personnel shall be limited to such tasks as can be performed legally.

Inmate Personnel

Inmates shall not be used for:

- Direct patient care services.
- Scheduling of appointments.
- Determining access of other inmates to health care services.
- Handling or having access to:
  - Surgical instruments.
  - Syringes.
  - Needles.
  - Medications.
  - Health records.
- Duties requiring the operation of equipment for which they are not trained and/or not certified.

91030.5.2 Liability and Malpractice

Employees of the Department may choose to be represented by the AG's Office if involved in litigation relating to their employment. In general, the State shall be liable for damages caused by persons while acting as agents of the State. The State is not responsible for punitive damages.

91030.6 Clinical Privileges

In facilities that have organized medical staffs, dental members shall participate in the development of the scope and extent of clinical privileges granted to dentists. Privileges shall be granted on the basis of:

- Training.
- Experience.
- Demonstrated competence.
- Judgment.

91030.6.1 Denial of Clinical Privileges

Specific clinical privileges shall not be denied to individuals possessing professional qualifications without following due process procedures.

91030.7 Operating Room Responsibility

Surgical procedures performed by dentists in the medical operating room shall be under the overall responsibility of the chief of surgery or other responsible person or committee in the same manner as pertains to all other medical staff members having surgical privileges.

91030.8 Examination

A dental examination shall consist of:

- Visual and manual inspection of the oral cavity utilizing:
  - Adequate light.
  - Mouth mirror.
  - Explorer.
  - Periodontal probe.
- Checking both hard and soft tissue.
- X-rays and other diagnostic aids as indicated.

Outpatient Dental Record

Information shall be recorded on the CDC Form 237-B, Health Record--Dental, and filed in the outpatient dental record (OPD) folder. The OPD is part of the medical record and contains:

- Health histories.
- Consent/refusal forms.
- Consultation requests.
- X-rays.

91030.9 Reception Centers

Dental care provided by reception centers shall be limited to dental screening and completion of CDC Form 237-A, Record of Original Dental Examination and Formulation and Progress of Dental Program, and such treatment as necessary to meet basic needs. This may include, but is not limited to, the treatment of:

- Injuries.
- Acute infection.
- Severe pain.
- Spontaneous bleeding.
- Repairs of dental prosthetic appliances.

91030.9.1 Health Appraisal

Within 14 days after arrival at the assigned facility of each newly committed inmate, a dentist shall:

- Complete a review of dental records.
- Develop a treatment plan.

91030.9.2 Facilities

The facility to which the inmate is transferred when he leaves the reception center shall:

- Provide treatment according to departmental policy.
- Afford treatment within the limits of available staff and facilities.

91030.9.3 Screening

Upon arrival at a facility, all inmates shall be evaluated by a qualified health professional for oral conditions needing immediate attention. The information shall be recorded on a CDC Form 237-B.

91030.9.4 Sick Call

Time shall be set aside for treatment as follows:

- Urgent/emergency care.
  - For inmates in considerable pain or acutely ill needing immediate dental services.
  - Available 24 hours a day, 7 days a week.
  - Occurrences outside usual clinic hours are managed by medical services who shall contact the on-call dental officer.
- Immediate care.
  - For conditions prohibiting inmates from carrying out daily assignment requiring treatment by a dentist at the earliest time available during clinic hours (within 24 to 48 hours).
- Routine care.
  - For conditions not requiring immediate treatment by a dentist.
  - Requires inmates to be listed and called for treatment in chronological order at a time not interfering with the IW/TIP.
  - Receiving routine treatment, inmates shall keep their mouth and teeth clean and demonstrate the ability and willingness to maintain clean oral conditions.

Routine treatment shall not be provided during sick call.

91030.10 Classification

At the time of screening or examination, the inmate shall be classified according to the severity of their dental problems as follows:

- Class 1–requires no dental treatment.
- Class 2–requires routine but not early treatment of conditions such as:
  - Moderate calculus.
  - Minor dental defects.
  - Periodontal disease--incipient.
- Class 3–requires early treatment of conditions such as:
  - Calculus–heavy deposits causing irritation.
  - Caries–extensive or advanced.
  - Periodontal disease.
  - Chronic infections.
- Class 4–requires immediate or urgent care for conditions such as:
  - Acute infection.
  - Severe pain.
  - Spontaneous bleeding.
  - Trauma.
- Class 5–requires dental prosthetic appliances.

Class 5 does not mean that a prosthesis shall be completed before Class 3 or 4 treatment. The successful placement of a removable partial denture is generally dependent upon completion of Class 3 or 4 treatment and in the case of abutment teeth, Class 2 treatment as well.

91030.10.1 Combination Classification

When the treatment plan requires both prosthetics and other treatment, a combination classification is used; 1-5, 2-5, 3-5 or 4-5 as is appropriate.

91030.11 Examination and Treatment Planning

Each facility shall initiate only the treatment plan that can be completed. Treatment requiring extended office calls shall be carefully evaluated to ensure completion prior to transfer of inmate. Dentists shall not be expected to provide treatment that they believe is not in the best interest of the patient.

91030.11.1 Health History

A health history shall be:

- Completed and available for each inmate prior to treatment.
- Signed by the inmate and witnessed by a dental staff member.
- Placed in the OPD.
- Reviewed prior to treatment.
- Updated at each recall visit.

91030.12 Informed Consent

A CDC Form 7203, Consent for Medical, Dental or Surgical Services--Inmate/Guardian, is the agreement by an inmate to have a procedure performed after being told in detail of possible risks. The CDC Form 7203 shall:

- Be obtained in writing prior to treatment.
- Become part of the OPD.

91030.12.1 Inmate Refusal of Dental Treatment

When a treatment plan is proposed, any advantages and/or disadvantages shall be explained to the inmate. The inmate may accept or decline any or all portions of the recommended treatment plan. The decision to accept or decline is reversible at any time and must not prejudice future treatment. Refusals shall be noted on a CDC Form 237-B and CDC Form 7225, Refusal of Examination and/or Treatment, and documented on the CDC Form 128-C, Medical/Psychiatric/Dental Chrono, for inclusion in the C-File.

91030.13 Use of Restraints During Dental Treatment

Inmates who must be in restraints when escorted in for treatment shall be in body restraints to facilitate sitting in the dental chair. Restraints shall remain in place during dental treatment. Exceptions to this policy may be made with the concurrence of the CD and the escort officer/program lieutenant.

91030.14 Oral Hygiene and Preventive Dentistry

Plaque removal by personal oral hygiene measures is considered to be basic in the prevention and control of oral diseases. Instruction in personal oral hygiene and prevention shall be a part of the treatment plan for each inmate.

Until adequate personal oral hygiene measures are practiced, an inmate shall receive only that care necessary to relieve pain and/or treat infection. Routine treatment of oral conditions shall not be undertaken.

91030.15 Restorative Materials

Restorative materials of choice shall be:

- Silver alloy.
- Composites.
- Stainless steel crowns.
- Plastic/Polycarbonate crowns.

Treatment filling materials are used for immediate or urgent treatment or where it is advisable because of the questionable prognosis of a tooth.

Gold

Gold is not used by facilities for restorations except:

- Where a facility has an agreement with a school of dentistry, whereby the facility is an extension of the school, gold may be used in restorations when placed by students supervised by faculty and at no expense to the facility.
- Where a fixed or removable gold bridge has failed and the CD determines no other treatment is acceptable or remaking the bridge is easier or more economical, he/she may authorize the use of gold.

91030.15.1 Removal of Gold

Upon removal of gold from an inmate's mouth, the inmate shall sign a CDC Form 238, Receipt for Dental Gold Removed From Inmate's Mouth, indicating a preference of three alternatives:

- To be deposited with inmate's valuables.
- To be sent to the inmate's nearest relative.
- To be donated to the State (for sale or surplus with proceeds to be placed in IWF at the discretion of the Warden).

91030.15.2 Repairs With Gold

When it is necessary to use precious metal to repair, remake, or alter any crown, bridge, or other prosthetic appliance:

- A CDC Form 240, Inmate Authorization To Pay For Prosthesis, shall be completed.
- All such services shall be paid for by the inmate from personal funds.
- Special services shall not be approved when materials on hand can be used as a reasonable substitute for the precious metal.

91030.15.3 Endodontics

Root canal fillings may be performed when deemed advisable by the dentist. This treatment should not be undertaken if:

- The tooth involved requires extensive restoration.
- Other missing teeth in the same arch are to be replaced with a removable prosthesis.
- Other teeth in the same arch are of questionable prognosis.
- The tooth concerned is not essential to maintain the integrity of the arch.

91030.16 Periodontal Treatment

Daily plaque removal is the key to prevention of both caries and periodontal disease, and instructions in oral hygiene and prevention should receive early continuing attention.

91030.16.1 Scaling

The presence of calculus increases the difficulty of plaque removal and should be removed early in the course of treatment.

91030.16.2 Prophylaxis

Polishing of teeth other than as a part of the scaling procedures is not done. Plaque removal:

- Is readily accomplished with the brush and other aids.
- By a health professional is no more effective or lasting than that accomplished by careful brushing.

91030.17 Periodontal Surgery

Periodontal surgery may be performed:

- When the prognosis is favorable.
- When the consent of the inmate has been obtained.

A CDC Form 7204, Consent for Surgical Operation, shall be completed in all cases where general anesthesia is to be used, and may also be used in all other cases where a consent form is deemed necessary.

91030.18 Fixed Dental Prostheses

Dentists shall not attempt to provide cast or laboratory processed crowns or fixed prosthetics except in those very rare instances where no other treatment is suitable.

91030.18.1 Removable Dental Prostheses

Limited dental prosthetic services shall be provided when facilities are available and approved by the CD or delegated subordinate.

Limited prosthetics shall consist of:

- Providing economical appliances necessary for improved mastication.
- Replacing missing anterior teeth.

Acrylic, removable partial dental prosthesis is the appliance of choice when the remaining teeth are sound and:

- Anterior teeth are to be replaced.
- The patient does not have at least eight functioning posterior teeth.

Appliances with cast metal framework may be used in those cases where the acrylic appliance will not suffice.

A complete denture shall be the appliance of choice when the prognosis for a partial denture is dubious.

91030.18.2 Refusal of Complete Dentures

If an inmate refuses the recommendation that a complete denture be provided, the inmate shall thereafter be treated as a treatment refused case as described in the DOM 54050.12.1.

91030.18.3 Prosthetic Listings

The CD shall maintain a list of inmates needing prosthetic appliances. Priorities are dependent upon factors such as:

- Numbers and distribution of missing teeth.
- Inability to chew with remaining teeth.
- Potential changes in tooth position.
- Laboratory workload.
- Facility transfers, releases, etc.

This is a judgment decision by the CD and is final.

91030.18.4 Denture Identification

All dentures provided to inmates shall be imprinted with the inmate's name and identification number.

91030.18.5 Replacement Dentures

New dentures shall not be provided for a denture that can be made serviceable by repair or modification unless in the judgment of the CD the fabrication of a new denture would be more appropriate.

91030.18.6 Loss, Destruction, or Mutilation of Dentures

Prescribed appliances shall be provided at State expense if an inmate is totally without funds. If an inmate has funds in their trust account, the inmate shall be charged for an appliance purchased by an inmate at the inmate's own expense through a vendor of the inmate's choice subject to approval of the CMO or CD.

91030.19 Oral Surgery

Oral surgery may be provided to correct a substantial functional defect or if an existing pathological process will threaten the well being of an inmate over a period of time. Cosmetic or elective surgery shall not be undertaken unless there are important underlying considerations or serious psychological impact. The extraction of asymptomatic teeth may be considered to be an elective procedure.

91030.19.1 Hospitalization

When it becomes necessary to hospitalize a dental patient, a physician of the medical staff shall be responsible for the care of any medical problems arising during the period of hospitalization.

91030.20 Medical Consultation

Consultation with the appropriate service or person shall be requested in the following cases:

- When the patient appears to be a poor health risk for the proposed procedure.
- When the diagnosis is obscure.
- When there is a question as to the patient's ability to give informed consent.
- When the patient has severe facial fractures or infection.
- For all critically ill inmates who require major oral surgery.

A CDCR Form 7243, Consultant's Record, shall be completed when requesting consultation between medical and dental staff.

91030.21 Referrals

When the inmate requires essential dental services that are not available at the confining facility, referrals shall be made by the CD or CMO.

91030.22 Medications Prescribed

The facility pharmacy shall be responsible for stocking and dispensing medicaments normally prescribed by dental services. It shall be the responsibility of the CD to keep the pharmacy informed of the items needed.

91030.23 Dental Diets

The CD shall act as a consultant to ensure nutritious diets are available to inmates unable to chew because of surgery, trauma, or infection. The absence of dentures in an otherwise healthy individual shall not warrant a special non-chewing diet.

91030.24 Use of Health Records

The inmate's health records shall be available for all dental treatment. The dental treatment rendered and orders are to be entered in the health record in addition to being entered on the CDC Form 237-B. This entry shall include the date, diagnosis, the procedure, anesthetic used, and the medication ordered.

91030.25 Radiation Safety

Radiation protection for staff and patients shall be strictly enforced. Protective devices and procedures shall be used to ensure minimum exposure to patients and staff.

91030.26 Infection Control and Hazardous Material

Each health care unit shall have a written supplement on:

- Infection control.
  - Identifying, controlling, and disposal of infectious materials.
- Hazardous materials.
  - Identification, control, and disposal.

91030.27 Disaster and Evacuation Plans

Each health care unit shall develop a plan that includes:

- Location and type of fire extinguisher available.
- Routes for evacuation.
- Drills as prescribed by facility regulations.

91030.28 Dental Laboratory Services

Each facility shall have dental prosthetic laboratory services available as either:

- Part of the local facility dental services.
- A central dental laboratory serving a number of facilities.
- A contracted private laboratory.

When a laboratory is operated as a part of the facility dental services, it shall be under the supervision of the CD.

When any departmental dental laboratory is operating in the capacity of a central dental laboratory, it shall be the responsibility of the laboratory supervisor to ensure that all cases are prioritized in reference to completion.

Each case being fabricated in a dental laboratory shall be accompanied by a CDC Form 239, Prosthetic Prescription, describing the work to be performed and signed by the requesting dentist.

91030.29 Notification of Next of Kin

When an inmate is to be hospitalized for serious illness or surgical treatment, consent for notification of next of kin shall be obtained prior to admission when possible. The next of kin or other identified individuals to be notified in emergencies shall be included in the facility admission forms.

91030.30 Staff Development

Forty hours of facility training/orientation shall be provided each new employee under the direction of the facility training officer. Further orientation of new employees in the hospital/dental area shall be the responsibility of the CD. Attendance at IST meetings applicable to the dental staff shall be required to meet individual facility requirements.

91030.30.1 Continuing Education

Time and reimbursement for professionally related training leave shall be granted as provided in the current collective bargaining agreements. Courses requested shall:

- Be submitted for each person planning to attend each course using a CDC Form 7260, Specialized Training For Continuing Medical Education .
- Be selected to strengthen the weaknesses of the staff as well as individuals.
- Be relevant to the services being provided.

91030.31 Cardiopulmonary Resuscitation

All members of the dental staff shall maintain a current cardiopulmonary resuscitation certificate.

91030.32 Staff Meeting

Meetings of the dental staff shall be held monthly for the purpose of reviewing the care and treatment of inmates and to perform administrative functions. Minutes of these meetings shall be maintained and include:

- Attendance.
- Recommendations.
- Conclusions.
- Actions taken.

91030.32.1 Chief Dentist Meeting

The Deputy Director, HCSD, shall be responsible for calling an annual meeting of the CDs to be held in Sacramento or another suitable location. The purpose of the meeting shall be to discuss and resolve problems common to departmental dental services.

91030.33 Inmate Appeals and Grievances

Every inmate under the jurisdiction of the Department has the right to appeal decisions, conditions, or policies affecting their welfare. There shall be no form of reprisal against an inmate/parolee for filing an appeal nor shall such action prejudice future treatment.

91030.34 Daily Treatment Log

A CDC Form 7282, Daily Dental Treatment Log, for each dentist shall be maintained showing:

- All dental treatment rendered.
- Time spent in IST and administrative functions.
- Downtime.
- Time of appointment.
- The patient's name.
- CDC number.

91030.34.1 Dental Statistics Quarterly Summary Report

A report of dental activities for each dental service provided shall be compiled at the end of each quarter on a CDC Form 7283, Dental Statistics--Quarterly Summary, and forwarded to the Deputy Director, HCSD. This report shall be compiled from the daily logs kept for each dentist.

91030.35 Referral Log

A CDC Form 7284, Dental Referral Log , shall be kept listing those inmates referred to consultants and other facilities for dental treatment. This log shall contain the following information:

- Name and number of inmate.
- Date of referral.
- Complaint.
- Referred by.
- Date seen or treated.
- Diagnosis.

91030.36 Budget and Inventory

All personnel, equipment, capital outlay, and supplies required to operate the dental service require budgeting through the facility business services manager. It is the duty of the CD to make adequate justification for these items to ensure that the services provided meet the needs of the inmate population.

The dental staff shall exercise care to prevent loss or misuse of supplies and/or equipment under its control.

The CD shall maintain an inventory of all supplies and equipment. Dental supplies are normally ordered quarterly. Special purchases for small amounts may also be made between quarterly orders. In each case a CDC Form 954, Procurement Worksheet/Local Request, is submitted through the division head.

91030.37 Clinic Area

There shall be adequate space provided for dental services to carry out procedures in accordance with accepted standards of practice. The area provided shall:

- Be in compliance with applicable fire, safety, sanitation, and H&SC.
- Not pose a threat to the safety of patients or staff.

91030.37.1 Equipment and Supplies

All equipment, instruments, and supplies shall be of the quality required by generally accepted standards of dental practice.

Sterilizing Equipment

There shall be equipment and supplies available for the sterilization and storage of dental instruments and supplies.

Radiographic Equipment

There shall be equipment for dental radiography. Such equipment and procedures shall be in accordance with the safety guidelines published by the National Council on Radiation Protection and Measurements.

91030.37.2 Emergency Drugs and Equipment

Standard emergency drugs and equipment shall be available in the dental treatment area. These shall be reviewed and documented on a regular basis to assure that drugs have not lost their potency and that equipment is in working order.

91030.38 Dental Library Service

Each dental service shall have available a selection of:

- Dental texts.

- Periodicals.
- Materials in general dentistry and specialty areas.
- An index to dental literature.

91030.39 Revisions

The Deputy Director, HCSD, or designee shall be responsible for ensuring that the contents of this section are kept current and accurate.

91030.40 References

CCR (22) (5).

American Dental Association Code of Ethics.

National Council on Radiation Protection and Measurements Guidelines.

ARTICLE 4— NURSING SERVICES PROGRAM

Effective June 16, 1995

91040.1 Policy

Each facility shall plan for and provide quality nursing care that is commensurate with that provided in community health facilities.

Each facility shall establish an organized nursing services department to ensure the provision of quality nursing care.

91040.2 Purpose

The nursing services department shall be an organized system for the provision of individualized patient care based upon established standards of care utilizing the nursing process, i.e., assessment, planning, intervention, and evaluation.

Each facility shall establish written standards of care, that are consistent with the Department's Office of Health Care Services objectives and community care standards. These standards of care shall be utilized in planning, providing, and evaluating nursing care.

91040.3 Responsibility for Health Care Services

The CMO or other physician director shall be responsible for all health care services at each facility.

91040.4 Responsibility of the Director of Nursing Services

The nursing services department shall be directed by a qualified RN with training and experience in nursing administration and supervision.

- All Department general acute care hospitals shall be under the direction of a Supervising Nurse II/III. The Supervising Nurse II/III shall not serve as charge nurse.
- All Department infirmaries may be directed by either a Supervising Nurse II or an SRN as determined by patient care needs.

The nurse services director shall have authority and responsibility for all nursing services in the facility. The responsibility and accountability of the nursing services to the medical staff and administration shall be defined.

91040.5 Nursing Services Licensure and Certification

Each facility shall establish a method for verifying the current licensure of each RN, LVN, and MTA. Only those with current licensure shall be assigned patient care duties in hospitals or infirmaries.

Nurses working in expanded roles, i.e., nurse practitioners and nurse anesthetists, shall maintain current, appropriate certification.

91040.6 Nursing Services Organization

Nursing services shall be organized and staffed to ensure the supervision and coordination of nursing care by an RN.

All provisions of nursing care shall be under the supervision of an RN.

A sufficient number of RNs and MTAs shall be on duty at all times to provide nursing care according to patient needs.

91040.7 Nursing Services Organizational Plan

An organizational chart shall be developed defining lines of authority and accountability for each level and service of nursing staff.

91040.8 Nursing Services Procedures

Each facility shall develop and maintain written policies and procedures for the safe and effective provision of quality nursing care.

Nursing policies and procedures shall be developed in coordination with all departments and established for every patient service area.

Policies shall be approved by the governing body. Procedures shall be approved by the medical staff and administration.

Each nursing service employee shall be trained in the policies and procedures during orientation and whenever new policies or procedures are established.

Nursing policies and procedures shall be reviewed annually and revised as required to reflect current standards of nursing practice.

91040.8.1 Nursing Services Procedural Guidelines

Each nursing policy and procedure shall:

- Be established in writing.
- Identify the classification of staff approved to perform the procedure.
- Include a list of required equipment/supplies.
- Indicate any precautions or required special observations.
- Provide an easily understood, detailed, step-by-step procedure.
- State medical record and other documentation requirements.
- Include the dates of approval and revision.

91040.9 Nursing Scope of Practice

Each RN shall perform their duties according to the scope of practice as stated in the B&PC 2725, "Practice of Nursing Defined."

Specifically selected and trained RNs may perform beyond the normal scope of practice only by utilizing standardized procedures as defined in B&PC 2725(d)(2). Each standardized procedure shall be developed and supervised by a committee on interdisciplinary practice. Each standardized procedure shall be developed according to the California Board of Registered Nurses, "Standardized Procedure Guidelines."

Each MTA shall perform their duties according to the "Scope of Regulation," B&PC Article 2, 2959.

MTAs may perform patient care activities only under the direction of a physician or an RN.

91040.10 Nursing Services Staff Development Program

Each facility shall plan and conduct an ongoing nursing staff development program to ensure appropriate training of all nursing staff.

91040.10.1 Components of a Nursing Services Staff Development Program

Each staff development program shall include the following:

- Written attainable educational goals and objectives.
- An annual training plan.
- An orientation program for all newly hired nursing staff which includes orientation to all applicable institutional policies and procedures, to the medical services areas, and to the specific job assignment.
- Continuing IST based upon identified educational needs.
- An annual or more frequent review for all nursing staff of cardio-pulmonary resuscitation and infection control procedures.
- Specific area training for nursing staff required to work in specialized patient care areas, i.e., surgery, emergency, psychiatry, and hemodialysis.
- Training of nursing staff who are required to perform procedures which require additional training, i.e., intravenous fluid administration, cardiac monitoring, standardized procedures.
- An annual evaluation of the nursing education program for compliance with the standards of care and educational goals and objectives.

91040.10.2 Nursing Services Continuing Education Courses

Nursing staff shall participate in outside educational programs when required training cannot otherwise be obtained. Records of such training should be retained by the nursing services director or nurse instructor.

Facilities that employ a qualified nurse instructor may obtain approval from the Board of Registered Nurses and Board of Vocational Nurse and Psychiatric Technician Examiners to provide continuing education credit for nursing staff training.

91040.10.3 Nursing Services Training Documentation

Records of all orientation and IST shall be maintained which include:

- Date and time of presentation.
- Name and title of presenter.
- Course title and objective.
- Summary of course content.
- Signatures of staff attending.

91040.11 Nursing Services Reference Materials

Each facility shall maintain current reference materials including textbooks, journals, and periodicals to complement the training and staff education program.

91040.12 Psychiatric Nursing Services

Psychiatric nursing policy and procedures shall be established at all facilities providing inpatient and/or outpatient care for mentally disordered inmates.

91040.12.1 Psychiatric Nursing Services Requirements

An RN with training and experience in psychiatric nursing shall be immediately available whenever a patient is admitted to an inpatient unit for psychiatric care.

Nursing staff shall participate in psychiatric treatment planning.

Psychiatric nursing service policies and procedures shall be developed in consultation with other appropriate health professionals and administration.

91040.13 Nursing Services Job Descriptions

A written job description shall be established for each nursing position specifying performance standards, delineating functions, responsibilities, and specific qualifications.

91040.14 Nursing Services Staffing Requirements

Sufficient registered nursing personnel shall be provided to assure the direction and provision of nursing care at all times.

Each hospital nursing unit shall have an RN immediately available at all times.

An RN with training and experience in operating room techniques shall be responsible for operating room service.

An RN with training and experience in post-anesthesia nursing care shall be responsible for the nursing care in the hospital post-anesthesia unit.

An RN with training and experience in emergency room procedures shall be immediately available at all times to provide emergency nursing care in facilities providing emergency care.

MTAs may be utilized as needed to supplement RNs in ratios appropriate to patient needs.

Each infirmary shall have at least one RN immediately available 24 hours a day, seven days a week.

91040.15 Nursing Services Staffing Based on Patient Classification System

Each general acute care hospital shall establish and implement a patient classification system to ensure adequate and appropriate staffing based on patient needs.

The patient classification system shall include the following patient assessments:

- The patient's ability to care for themselves.
- The patient's degree of illness.
- The patient's requirements for special nursing activities.
- The skill level required by staff for their care.
- The patient's placement in the nursing unit.

The methodology used in making determinations shall be established and maintained in writing.

Written staffing records shall include the total number of nursing staff, the available nursing care hours for each nursing unit, and the categories of nursing staff available for patient care and shall be retained for a minimum of six months.

Each facility shall maintain a record for every nursing staff employed from an outside agency that includes the following:

- Documentation of orientation to facility policies and procedures and duties as assigned.
- Verification of current licensure with documentation of license number and expiration date.
- Records of dates and hours worked.

91040.16 Assignment of Nursing Services Patient Care: Inpatient Units

Each patient's nursing care shall be planned, supervised, and evaluated by an RN.

An RN shall assess the care needs of each patient admitted to a hospital or infirmary prior to assigning nursing staff.

Nursing staff shall only be assigned to duties that are commensurate with their training, experience, and skill.

91040.17 Assignment of Nursing Services Patient Care: Outpatient Services

An RN shall be responsible for the nursing care provided in the outpatient setting.

91040.18 Nursing Services Process: Patient Care Plan

Nursing process is a title used to describe a system of providing patient care that includes assessment, planning, implementation, and evaluation.

Patient care planning is the utilization of the nursing process for the provision of individual patient care.

A written patient care plan shall be initiated upon admission and developed within seven days in coordination with the total health team for each hospital and infirmary patient. The patient care plan shall be the basis for the provision of nursing care.

91040.19 Nursing Services Patient Assessment

Each patient upon admission to an inpatient unit shall be assessed by an RN for the identification of patient care needs.

The patient assessment shall include:

- Medical history.
- Physical condition.
- Social status.
- Emotional status.
- Knowledge deficit.

The nursing patient assessment shall be completed in writing, shall be included in the patient's medical record, and shall be used to identify patient care needs.

A continuing assessment of patient care needs shall be maintained throughout the patient's admission.

91040.19.1 Nursing Services Psychiatric Patient Assessment

An RN with training and experience in psychiatric nursing shall assess the mental health status, using behavioral terminology where appropriate, of all patients admitted to an inpatient psychiatric unit.

91040.19.2 Nursing Services Patient Assessment Guidelines

- The following guidelines should be utilized in performing the initial patient assessment.
- Conduct a patient interview in an area affording privacy and freedom from interruption if possible.
- Inform the patient that the requested information shall be used in planning their care.
- Inquire as to the patient's medical history and reason for admission to the unit. Assess their knowledge of their medical condition.
- Inquire as to the patient's emotional/spiritual condition. Are they angry, anxious, afraid?
- Be alert to the patient's non-verbal responses, mood changes, or hesitancy in answering. These may indicate social, emotional, or educational needs.
- Observe the patient's physical condition including vital signs, weight, height, nutritional state, skin condition, physical limitation, vision, hearing, injuries, wounds, infections, and other. Utilize a body systems approach. Document in detail in the patient's medical record all observations and findings.
- Document on the patient care plan all patient care needs identified by the patient assessment.

91040.20 Nursing Services Diagnosis

A nursing diagnosis is a clinical diagnosis made by an RN to describe actual or potential health problems which nurses, by virtue of their education and experience, are capable of and licensed to treat.

Nursing service departments may use nursing diagnoses or may describe patient needs in other terms.

91040.21 Nursing Services Patient Care Planning

A plan of care shall be developed in writing for every identified patient need.

The plan of care shall include realistic, attainable goals for each identified patient need.

The plan of care shall include specific patient care activities designed to attain the goals.

Each patient care plan shall include the anticipated date for goal attainment and the staff member responsible for each element of patient care.

91040.22 Nursing Services Patient Care Plan Implementation

All nursing staff shall review the patient care plans of their assigned patient daily to ensure the provision of patient care as planned.

Nursing staff shall provide all patient care consistent with the patient care plan.

Medical record nursing notations shall reflect the implementation of the care plan.

91040.23 Nursing Services Patient Care Plan Evaluation

All patient care plans shall be maintained current.

A review and updating of the plan is required when any of the following occur:

- A change in patient condition.
- A change in the physician's plan of care.
- A failure of the current plan to accomplish the identified goals.
- A failure of the patient to accept or respond to the plan.
- The identification of any additional patient care needs.

The date anticipated for goal attainment has been reached.

91040.24 Nursing Services General Documentation Guidelines

All medical record documentation shall be consistent with the following guidelines:

- All entries shall be timed, dated and signed, including title, by the person making the entry.
- All entries shall be in chronological order except as a documented “late entry.” All late entries shall include the date and time when written as well as date and time for which entry is made.
- All entries shall be typed or written in black ink.
- Error correction procedures shall include the use of a single line drawn through the entry and the initials or signature, if not otherwise present, of the individual making the correction.
- The entry made in error shall not be obliterated. "White-out" correction fluid shall not be used.
- All medical record forms shall include the patient's full name and CDC number.
- All entries shall be legible.
- Cellophane or other tape shall not be used to adhere any medical record form onto a medical record. Only permanent bond glue may be used for this purpose.
- The use of abbreviations shall be restricted to those included on an approved abbreviation list.

91040.25 Nursing Services Inpatient Documentation Guidelines

Nursing staff provide a significant portion of the clinical information contained in inpatient medical records. Consistent, accurate nursing documentation is essential for quality and continuity of patient care. All nursing staff shall adhere to the following documentation guidelines when making entries in inpatient records:

- Nursing notes shall be specific, pertinent, concise, and reflect the implementation of the patient care plan.
- Nursing notes shall include the following documentation:
- All changes in patient signs, symptoms, or condition.
- All physician communications and notifications.
- Patient-expressed complaints or concerns.
- Laboratory specimen collections.
- Radiology procedures performed.
- Diagnostic or other procedures performed.
- Patient visitor.
- Patient education or counseling.
- All patient-involved unusual occurrences.
- The inability to follow a physician's order with documentation of the reason and physician notification.
- Specific observations of the patient's behavior, activity, conversation, progress, or regression.
- Daily observations of tubes, catheters, wounds, drains, and dressings including changes.
- The initiation of intravenous fluid administration including site and type of needle/catheter.
- Postoperative observations including urinary output, breath sounds, and other as appropriate.
- Any treatment administration or procedure not documented on a treatment record.
- All documentation of medication and treatment administrations shall be exactly as ordered including time and frequency.
- All documentation of pro-re-nata (PRN - as required) medication administration shall include the reason for the administration and patient response.
- All documentation of medication injections shall include location and rotation of site.
- All documentation of intravenous fluid administration shall include the type of fluid, the quantity, and any additives.
- Vital signs, weights, clinitesting, and physician-prescribed observations or care shall be documented as prescribed.
- Nursing staff receiving verbal or telephone physician's orders shall immediately document the order in the medical record including date, time, and name of physician making the order.
- Nursing staff noting physician's orders shall sign, date, and time the orders.
- Upon patient discharge or transfer, nursing staff shall complete a summary of information regarding the patients inpatient course for those responsible for the patient's continued care. When the patient is being discharged to a general housing unit, the summary may be limited to discharge instructions and the patient shall receive a copy of these instructions. A copy of the summary shall be retained in the patient's medical record.
- Food intake and patient personal hygiene shall be documented as provided.

91040.26 Nursing Services Outpatient Documentation Guidelines

Nursing documentation shall be included in the patient's outpatient medical record upon every patient visit.

The documentation shall be consistent with the inpatient documentation guidelines.

Nursing outpatient medical record documentation shall include:

- Date, time, and location of patient visit.
- Patient complaints.
- Observations of patient's condition.
- Vital signs whenever the patient complains of illness, major injury, or other acute symptoms.
- Notification of the physician if the physician is not present.
- Noting of physician's orders.
- Documentation of all medications, treatments, and procedures administered.
- Documentation of patient discharge instructions.

91040.27 Nursing Services Audit

Each nursing services department shall establish a nursing medical record audit procedure to evaluate the quality of medical record documentation on a regular ongoing basis.

The identified medical record documentation deficiencies shall be incorporated into the nursing staff development program.

91040.28 Nursing Services Staff Committee

A nursing committee or committees shall be established to assist in the planning, development, and evaluation of the nursing service.

The nursing committee shall be composed of RNs and MTAs.

The nursing committee shall meet as often as necessary, but at least every two months, to identify problems in the provision of nursing care and to develop and implement solutions to these problems.

A written, systematic method shall be developed and implemented for evaluating the quality of nursing care.

Minutes shall be recorded at each nursing committee meeting indicating the names of the members present, date, subject matter discussed, and actions taken.

The nursing staff committee may perform the nursing audit procedure.

91040.29 Responsibility of Nursing Services Toward Infection Control

An RN with training and experience in infection control shall be assigned to surveillance and monitoring for infection control.

The RN shall be a member of the hospital or infirmary infection control committee.

91040.30 Revisions

The Deputy Director, HCSD, or designee is responsible for ensuring that the contents of this section are kept current and accurate.

91040.31 References

CCR (22) §§ 70213-70215, 70706(2), 70719(c)(2), and 70721(a)(e).

California Correctional Association Standards, 2-2101, 2-4079, 2-4084, 2 4088, 2-4091, 2-4401, 2-4271, 2-4276, and 2-4283.

B&PC Chapter 6, Article 2, §§ 2732-05 and 9958; Chapter 6, § 2725; and Chapter 6-5, §§ 2859 and 2873.6.

ARTICLE 5 — LABORATORY SERVICES

Effective June 16, 1995

91050.1 Policy

Each Department health care facility shall provide appropriate space, equipment, supplies, and personnel for the performance of clinical laboratory tests for the examinations, care, and treatment of inmates. Provisions shall be made for 24-hour emergency clinical laboratory services.

91050.2 Purpose

Clinical Laboratory Services shall provide operational guidelines for clinical laboratory practices consistent with the Department's administrative directives, ACA Standards, CCR, and B&PC.

91050.3 Responsibility of the Clinical Laboratory Services Staff

The clinical laboratory staff are responsible for:

- Developing policies and procedures to ensure the satisfactory collection, processing, and disposal of laboratory specimens.
- Developing procedures for the provisions of prompt and accurate examinations for each test to be performed.
- Developing procedures to ensure the safety and protection of all personnel.
- Providing consultation to clinicians in the interpretation of diagnostic tests/results.
- Participation in continuing education health care and infection-control programs.
- Maintaining accurate and complete records.
- Developing an effective communication system between the clinical laboratory and infirmary staff.
- Developing a peer review process to ensure that adequate laboratory standards are maintained.
- Demonstrating satisfactory performance in an ongoing proficiency testing program, as required by Laboratory Field Services.

91050.4 Clinical Laboratory Services Operational Requirements

To accomplish its purpose effectively and safely, each clinical laboratory shall have:

- An area large enough to accommodate laboratory equipment and staff movement.
- A preventive maintenance schedule for each piece of equipment.
- Clutter-free testing areas.
- Toilet facilities adjacent to or in the immediate vicinity.
- Sufficient area for storing supplies, filing data, and properly disposing of refuse.
- Twenty-four hour emergency coverage.
- If tests are to be performed on outpatients, outpatient access to the laboratory shall not traverse an inpatient nursing unit.

91050.5 Clinical Laboratory Services Provided On-Site

A list of services provided on-site shall be available to all medical staff. These services are laboratory procedures generally considered routine and may include, but not be limited to, the following:

- Urinalysis.
- Complete blood counts.
- Blood typing.
- Blood cross-matching.
- Chemistry.
- Microbiology.
- Serology.
- Hematology.
- Toxicology.
- Bacteriology.
- Specimen collection/processing/disposal.

91050.6 Clinical Laboratory Services Provided Off-Site

Clinical laboratory services are contracted if they require special equipment and/or specialized personnel unavailable on-site.

91050.6.1 Clinical Laboratory Services Off-Site Criteria

For services that are not provided on-site, each health facility shall make contractual arrangements for services to be provided off-site.

When necessity dictates clinical laboratory services to be provided off site, the contract shall specify:

- The contracted laboratory is licensed to operate in California and conform to the requirements of the B&PC and CCR (17).
- Time frames for regular and emergency pickup service.
- Time limits for the return of clinical laboratory reports for regular and emergency service.
- Access to clinical laboratory director for interpretation of reports.
- Competitive fee schedule.
- All other requirements necessary in the formulation of State contracts.
- DOM 22040, discusses contracts in detail.

91050.7 Clinical Laboratory Services Director

The pathologic and clinical laboratory shall be directed by a physician who is qualified to assume professional, organizational, technical, and administrative responsibility for the unit and the services rendered.

The physician shall be certified or be eligible for certification in clinical pathology and/or pathologic anatomy by the American Board of Pathology. If a full-time or regular part-time employee is unavailable to fill this position, a consultant with comparable qualifications shall be retained on a contractual basis to provide these services as often as required.

91050.7.1 Clinical Laboratory Services Technologist

The clinical laboratory technologists shall be licensed by the State of California. They shall display their valid license in a conspicuous area of the laboratory.

91050.7.2 Performance of Technical Clinical Laboratory Activities by Unlicensed Persons

CCR (17) explains in some detail the limited activities allowed unlicensed persons working in licensed clinical laboratories. Questions have arisen, however, related to some activities not specifically mentioned. The following are some of these activities:

- Unlicensed persons (including phlebotomists) shall not perform:
- Bleeding times.
- Urine dipstick tests.
- Hematocrit tests.
- Sedimentation rates.
- Glucose testing by any method.
- Any other clinical laboratory test.
- Unlicensed persons shall not make any decision related to the reading of standard or control results for any test procedure, automated or not.
- CCR (17) requires that all laboratory results shall be, “critically reviewed and verified for accuracy, reliability, and validity” by a duly licensed person prior to sending out any reports.

91050.7.3 Performance of Clinical Laboratory Medical Tasks by Inmates

Inmates shall not be permitted to perform duties such as:

- Obtaining blood samples.
- Administering blood.
- Introducing or discontinuing intravenous infusions.
- Any other task identified as medical or nursing functions.

91050.8 Authority for Clinical Laboratory Services

Clinical laboratory examinations shall only be conducted pursuant to the order of a person lawfully authorized to give such an order.

91050.9 Procedures for Clinical Laboratory Specimen Collection/Disposition of Data

Each clinical laboratory shall establish procedures to ensure that:

- Specimens are collected, processed, and disposed of in a medically acceptable manner.
- Examinations are performed accurately.
- Results are reported promptly upon completion of test.
- All clinical laboratory reports shall remain an integral part of the patient's health record. See also DOM 93052.9.1.
- Each hospital shall maintain blood storage facilities in conformance with the provisions of CCR (17). Such facilities shall be inspected at appropriately short intervals every day to ensure fulfillment of the statutory requirements.

91050.9.1 Requirements for Retention of Clinical Laboratory Services Records

The following is a summary of the record retention requirements of the Department, Medi-Cal, and Medicare programs:

- All inmate and QC records shall be retained for twoyears except cytologic reports which shall be kept for ten years. Cytology slides shall be kept for five years.
- The Medi-Cal program requires all patient and QC records be retained for three years. This includes all written requests for laboratory tests.
- 42 CFR related to the Medicare program requires all patient and QC records be kept for two years.

91050.9.2 Requirements for Retention of Clinical Laboratory Services Printouts

For automated equipment where results of standards, controls, reaction limits, and patient information are recorded on printouts, these printouts along with all other records shall be retained for 90days.

If the inmate and QC information on the printouts is transferred to other records, the printouts may be discarded after 90days; otherwise they would fall under the mandates of DOM 93052.9.1.

91050.10 Information Required on Clinical Laboratory Forms

Only standardized departmental forms shall be used when requesting and recording any medical data. The request for a test shall identify the following information:

- The person making the request.
- The inmate.
- The test required.
- Time the request reached the laboratory.
- Date and time the specimen was obtained.
- Time the laboratory completed the test.
- Any special handling required.
- Name and address of laboratory.

91050.11 Clinical Laboratory Guidelines for AIDS, ARC, HIV, and Hepatitis

Employees having needle stick exposure (the accidental breaking of the skin of staff by an exposed hypodermic syringe) to suspected HIV, AIDS, ARC, and Hepatitis shall be reported to the facility CMO and ongoing records maintained for the staff exposed. The employee shall be treated by his or her own physician as a work-related injury.

All clinical laboratory specimens shall be labeled to allow for special handling. They shall be handled by trained personnel wearing gloves.

91050.12 Clinical Laboratory Services Infection Control Program

A formal infection control program shall be adopted and shall conform to the guidelines in the most recent edition of "Infection Control in the Hospital" published by the American Hospital Association.

91050.12.1 Clinical Laboratory Membership on the Infection Control Committee

A qualified staff member of the clinical laboratory service shall be a member of the hospital's infection control committee.

91050.13 Clinical Laboratory Services QC System

A QC system designed to assess functional efficiency in all facets of clinical laboratory operations, and to ensure reliability and proper handling of the data generated shall be established. QC activities shall be conducted on an ongoing basis.

91050.13.1 Staff Evaluation of Clinical Laboratory Services

In accordance with hospital bylaws, at least annually, a committee of hospital staff shall evaluate services provided and make appropriate recommendations to the medical executive committee and the health facility administration.

91050.14 Revisions

The Deputy Director, HCSD, or designee is responsible for ensuring that the contents of this section are kept current and accurate.

91050.15 References

PC §§ 5054 and 5058.

CCR (15) (3) §§ 3350 and 3354.

CCR (17) §§ 1002 and 1030 through 1057.

CCR (22) §§ 70055(a)(9), 70241, 70243, 70245, 70247, 70251, 70253, 70255, 70257, 70259, 70739, and 70837.

42 CFR.

H&SC § 25100 et seq.

B&PC Rules 1200 through 1322.

ACA Standards 2-4271, 2-4274, 2-4275, 2-4277, 2-4282, 2-4284, and 2-4310.

DOM § 22040.

ARTICLE 6 — RADIOLOGY SERVICES

Effective June 16, 1995

91060.1 Policy

Each Department health care facility shall provide appropriate space, equipment, supplies, and personnel for the performance of radiological services for the examinations, care, and treatment of inmates. Provisions shall be made for 24-hour emergency radiology services.

91060.2 Purpose

Radiological Services shall provide operational guidelines for radiological services consistent with the Department's administrative directives, ACA, and California Radiation Control Regulations.

91060.3 Radiological Services

Radiological service means the use of x-ray, other external ionizing radiation, and/or thermography, and/or ultrasound in the detection, diagnosis, and treatment of human illnesses and injuries. Ultrasound, although properly the province of physical medicine, may be considered part of the radiological service.

91060.4 Responsibility of Radiological Services

To achieve its purpose, the radiological unit shall:

- Take, process, and interpret radiographs and fluoroscopes.
- Establish and implement policies and procedures to ensure protection to all personnel in contact with radiation.
- Provide consultation and advice to clinicians.
- Interpret roentgenological findings.
- Plan and implement diagnostic x-ray procedures.
- Make additional postmortem examinations to complete records.
- Participate in hospital's educational program.
- Maintain and keep accessible, accurate, and complete records.
- Provide sufficient space, equipment, supplies, and personnel.
- Provide 24-hour emergency service.

91060.5 Radiological Services Provided On-Site

A published list of services provided on-site shall be available to all staff. These services are diagnostic radiological services up to and including fluoroscopic examinations.

91060.6 Radiological Services Provided Off-Site

The radiology unit shall make contractual arrangements for services to be provided off-site if these are specialized radiological procedures requiring staff and equipment unavailable on-site.

91060.7 Director of Radiological Services

A physician shall be responsible for the radiological service. The physician shall be a certified radiologist or eligible for certification by the American Board of Radiology. If such a person is not available on a full-time or regular part-time schedule, a physician with equivalent qualifications shall be retained on a contractual basis to provide supervision and direction for the service.

91060.8 Radiological Services Technologists

All radiology technicians shall be personnel licensed by the State of California as certified radiology technicians. All radiology staff licenses shall be valid and posted in a conspicuous place in the radiological unit.

91060.9 Requirements for Radiological Services

All radiological studies shall be performed under the order of the licensed physician or other licensed health professional lawfully authorized to prescribe the procedure.

91060.10 General Radiological Services Requirements

Written policies and procedures shall be developed and maintained by the person responsible for the service.

- The responsibility and accountability of the radiological service to the medical staff and administration shall be defined.
- A technologist shall be available to the unit during operational hours.
- The monitoring of radiology personnel and monthly recording of the cumulative radiation exposure of each individual shall be performed.
- The director shall be responsible for verifying the qualifications and capabilities of all radiological personnel.
- A QC program shall be maintained to minimize the unnecessary duplication of radiographic studies, and to maximize the quality of diagnostic information available.
- Positive proof of collimation (cut-off margins on radiographs) and gonad shielding (mark visible on radiographs) shall be present on all radiographs if gonadal shielding is indicated.
- Film shall not be "double exposed."
- Manufacturer's recommended guidelines shall be followed for the use and periodic maintenance of all equipment.
- Inmate's records shall be properly filed and retained for the same period as other parts of inmate's medical record.
- Sign-out procedures shall be stringently adhered to.

91060.11 Radiological Services Forms/Records

Only standardized departmental forms shall be used when requesting and recording radiological data. The request shall include:

- Proper identification of the requesting physician.
- Proper identification of the inmate.
- A history pertinent to the examination requested.

Radiological services staff shall maintain accurate and complete records/reports that shall be incorporated into the inmate's medical file and a copy maintained in the radiology unit.

When an inmate is transferred to another facility, all x-rays shall be forwarded to the receiving health facility.

Upon an inmate's death, discharge, parole, or interstate transfer, all records/film shall be retained by the last health facility for a minimum of seven years.

91060.12 Radiological Services Safety Procedures

Radiation protection for all staff and inmates shall be strictly enforced during all radiological examinations. Lead aprons and/or other safety devices shall be utilized to ensure maximum available protection.

The use, storage and handling of all radiation machines and radioactive material shall comply with the California Radiation Control Regulations and CCR.

All diagnostic equipment shall be calibrated annually. A physicist shall be available as needed for consultation.

If x-ray examinations are to be performed on outpatients, outpatient access to the radiological areas shall not traverse an inpatient-nursing unit.

91060.13 Infection Control Program for Radiological Services

A formal infection control program shall be adopted to conform to the guidelines addressed in the most recent edition of "Infection Control in the Hospital" published by the American Hospital Association. Activities of this program shall include:

- Ongoing surveillance of patients and staff.
- Prevention techniques.
- Treatment/referral.
- Documenting infection related incidences expeditiously.
- Reporting any occurrence which threatens the welfare, safety and/or health of inmates, staff, and/or visitors.

91060.14 Infectious Waste in Radiological Services

Infectious waste containers shall be provided for all:

- Examining rooms.
- Emergency care rooms.
- Dental operatories.

All infectious wastes, as defined in H&SC 25117.5, shall be handled and disposed of in accordance with the Hazardous Material Control Law, Chapter 6.5, Division 20, 25100 et seq., H&SC and the regulations adopted thereunder.

91060.15 Radiological Services Audits/QC

Refer to DOM 93053.13.

91060.16 Revisions

The Deputy Director, HCSD, or designee is responsible for ensuring that the contents of this Article are kept current and accurate.

91060.17 References

PC §§ 5054 and 5058.

CCR (15) (3) §§ 3350 and 3354.

CCR (17) §§ 1002 and 1030 - 1057

CCR (22) §§ 70055(a)(9), 70241, 70243, 70245, 70247, 70251, 70253, 70255, 70257, 70259, 70739 and 70837.

42 CFR.

H&SC § 25100 et seq.

B&PC §§ 1200 - 1322.

ACA Standards 2-4271, 2-4274, 2-4275, 2-4277, 2-4282, 2-4284, and 2-4310.

ARTICLE 7 –HEALTH RECORDS

Revised March 11, 1993

91070.1 Policy

The medical record service shall maintain medical records that are documented accurately, in a timely manner, are readily accessible, and permit prompt retrieval of information and statistical data.

91070.2 Purpose

To serve as a basis for planning patient care.

To provide documentary evidence of the course of the patient's medical treatment.

To document interdisciplinary communication regarding patient care.

To protect the legal interest of the Department, hospital, patient, and provider.

To provide data for research, education, and evaluation of medical services provided.

91070.2.1 Documentation Principle

Each facility shall maintain health records for all patients treated by the facility. The records shall contain information to identify the patient, justify the diagnosis, to describe the patient's treatment and care, and to provide for continuity of medical care. The record shall serve as an accurate database for the evaluation of the quality of care provided, to provide documentation for business purposes, and to defend legal interests.

91070.2.2 Record Completion

Records shall be complete, legible, typed or in ink, signed, dated, and in compliance with licensing requirements in CCR (22).

Correctable deficiencies are those that can be completed by the individual responsible for the entry or in the absence of the responsible person by another member of the clinical staff with knowledge of the recorded events.

Non-correctable deficiencies are entries where it is not possible to determine if the staff member responsible provided care and treatment.

91070.2.3 Charting Guidelines

All entries in the medical record should be accurate, timely, objective, specific, concise, and descriptive. Only approved abbreviations shall be used. Additional information recorded on subsequent pages shall have "Continued" indicated. Entries are to be recorded consecutively, not leaving blank spaces for additions.

Error corrections are made with a single line drawn through the entry making certain not to obliterate the information. The word error is to be written with the date and writer's initials. An asterisk (*) next to the date of the incorrect entry and another to indicate location of the correction should be used for large corrections. For small corrections continue writing.

"White-out" or any other form of obliteration on hand or typewritten entries is not to be used. All entries are to be written in permanent ink.

All pages in the health record shall contain the patient's full name, CDC inmate number, and name of the facility where treatment or care is provided.

Signatures shall consist of the writer's first initial, last name, and professional title. Countersignatures are to be used when a facility's policy and procedure require such. Initials may be used where called for on specific forms.

Amendments to a record are additions that provide additional facts not available at the time the original entries were made. They provide evidence that the information originally recorded is in error or incorrectly represents the facts. Amendments also explain or clarify missing or incomplete entries.

For late entries, insert (*) in the margin or between lines to correspond with observation, action, or event.

91070.3 Services Defined

The medical record service shall maintain the inmate's health record in a system which allows for easy retrieval, shall assist in locating records on new arrivals, shall answer requests for medical information from other agencies, and shall transcribe various medical reports.

91070.4 Services Provided

Each departmental health care facility shall have a medical record service staffed by medical records personnel. The medical record service shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing, and filing of all medical records.

91070.5 Centralized Outpatient Health Records

An outpatient health record shall be created and maintained for each inmate admitted to the Department. The outpatient health record shall contain both medical and psychiatric information. The reception centers shall initiate the record except in the case of condemned male inmates. SQ shall initiate the record on condemned male inmates.

91070.6 Inmate Access

Inmates shall not be used as workers in medical record services or in areas that would allow the inmate access to health records. An inmate shall not review or be given access to another inmate's health record.

91070.7 Supervision Health Records

In departmental health care facilities with a hospital, the medical records service shall be under the supervision of a registered record administrator or accredited record technician. In all other facilities, the medical record service shall be under the supervision of either a health record technician or a medical records director. When the services of either cannot be obtained on a full-time basis, consultation services shall be obtained.

91070.7.1 Health Record

The inmate's health record, including x-ray films, shall be the property of the Department and shall be maintained for the benefit of the inmate, the medical staff, the health care facility and the Department. The health care facility shall safeguard the information in the record against loss, defacement, tampering, or use by unauthorized persons.

Note: If a hospital ceases operation, DHS shall be informed within 48 hours of the arrangements made for safe preservation of inmate patient records.

91070.7.2 Accountability

A written statement defining the accountability of the medical records service staff and administration shall be available and shall include an organizational chart.

91070.7.3 Service Evaluation

Periodically an appropriate committee of the medical staff shall evaluate the services provided and make recommendations to the medical executive committee and administration of the health care facility.

91070.8 Confidentiality and Release of Information

All health records, either as originals or accurate reproductions of the content of such originals, shall be maintained in such form as to be legible and readily available upon the request of admitting physician; the non-physician granted privileges pursuant to CCR (22) 70706.1; the hospital, its medical staff, or any authorized officer, agent, or employee of either authorized representatives of DHS; or any other person authorized by law to make such a request.

91070.8.1 Valid Authorization

A valid authorization for the release of an inmate's health care record shall follow these guidelines:

- Be handwritten by the person who signs it or is in typeface no smaller than 8-point type.
- Be clearly separate from any other language present on the same page and be executed by a signature which serves no other purpose than to execute the authorization.
- Be signed and dated by the inmate. If the inmate is deceased or incompetent, the legal representative, spouse of inmate or person responsible for the inmate, or the beneficiary or personal representative of the deceased inmate may sign the authorization.
- State the specific uses and limitation on the types of medical information to be disclosed.
- State the name or functions of the provider of health care that may disclose the medical information.
- State the name or functions of the persons or entities authorized to receive the medical information.
- State a specific date after which the provider of health care is no longer authorized to disclose the medical information.
- Advise the person signing the authorization of the right to receive a copy of the authorization.
- Statement of revocation.

91070.8.2 Requests From Outside Agency/Facility

Verbal Requests

Upon receipt of a valid written authorization, health information shall be copied and sent to the requesting hospital, physician, or other agency.

Verbal requests for health information shall be referred to the medical records director, medical records supervisor, correctional health services administrator, CMO, or chief psychiatric officer if the request is for psychiatric information.

Within Department

It is not necessary to have a valid authorization when releasing health information to another facility within the Department or when releasing information to consulting health care personnel within the Department.

91070.8.3 Requests From State AG's Office

Copies of health records shall be made available for review at each facility at the request of the State AG's Office.

91070.8.4 Inmate's Request

Inmates have the right to review and receive copies of their own health record. This review shall take place in the presence of a health services staff member. A charge shall be made for all pages copied at rates specified in the DOM 13030. Inmates totally without funds and/or a pay number shall be provided copy service without charge.

An inmate shall not review or be given access to another inmate's health record.

91070.8.5 Requests From Inmate's Attorney

Upon receipt of a valid authorization from the inmate's attorney, health information can be copied and sent to the attorney. Representatives of the attorney shall have the same degree of access as the attorney providing the attorney designates so in writing. Designated representatives of an attorney are limited to licensed investigators, attorney-sponsored law students, a State Bar certified paraprofessional, or a full-time employee of the attorney. No charge shall be made to the attorney. (See DOM 71020 for more details.)

91070.8.6 Subpoenas

The "Protocol for Subpoenas" published by the California Medical Record Association shall be followed in preparing the records in response to a subpoena.

91070.8.7 Drug Abuse

Health records containing information of drug abuse subsequent to March 21, 1972 and alcohol abuse subsequent to May 14, 1974 are covered by federal laws, 42 CFR C and D. Valid authorization shall indicate that the patient knows that drug and/or alcohol abuse information shall be released if there is any in the record.

91070.8.8 Psychiatric Records

Valid written authorization shall indicate that the patient knows that psychiatric information shall be released if there is any record. Records shall be released by subpoena only if it directs the release of the information to the judge of the court and a subsequent court order is obtained when information is admitted as evidence. Records shall be released by court order. (W&I 5328 and 5328.l9.)

91070.8.9 AIDS and AIDS-Related Condition (ARC) Information

Valid authorization shall indicate that the patient knows that AIDS and/or ARC information shall be released if there is any in the record.

91070.9 Coding

The most recent edition of the International Classification of Diseases shall be used for coding. In those facilities with psychiatric units, the most recent edition of the Diagnostic Statistical Manual shall be used for psychiatric

diagnostic coding. Coders shall have completed an approved basic coding course.

91070.10 Indexing

Medical records shall be cross-indexed according to patient by:

- Disease.
- Operation.
- Physician.

91070.11 Standardized Health Services Forms

All forms filed in the inpatient or the outpatient health record shall be approved departmental forms.

91070.12 Inpatient Health Record

The inpatient record shall be in the following order:

- Patient identification.
- Face sheet/admitting form/patient identification.
- Narrative discharge and transfer summary.
- Death reports.
- Report of death.
- Coroner's report (autopsy).
- Medical reports.
- Refusal of examination and treatment.
- Emergency room reports (also known as ER reports).
- Medical history.
- Physical examination.
- Consultant reports.
- Informed consent.
- Human Immunodeficiency Virus (HIV) consent.
- Notice of transfer/transfer summary.
- Operative reports.
- Consent of surgical operation.
- Preop check list.
- Preanesthesia check list.
- Anesthesia report.
- Postanesthesia report.
- Report of operation.
- Pathology report.
- Physician's reports.
- Physician's progress notes.
- Doctor's orders.
- Psychiatric treatment plan.
- Material from outside facilities (same order):
- Staff reports.
- Laboratory reports.
- X-ray reports.
- Electrocardiograms (also known as EKGs).
- Other diagnostic reports.
- Physical therapy reports.
- Respiratory therapy reports.
- Social services.
- Occupational therapy.
- Dietary assessment.
- Nursing reports.
- Medication records.
- Graphic charts.
- Intake & output records.
- Intravenous flow charts (also known as IV flow charts).
- Diabetic record.
- Weight record.
- Nursing assessment.
- Bedside records (nursing notes).
- Patient care plan.
- Record of daily activities.
- Medical report of injury or unusual occurrence.
- Telegram.
- Suicide watch.
- Chronos.
- Miscellaneous.

91070.13 Discharge Analysis

Qualitative analysis shall be performed on all inpatient records. Each inpatient medical record shall consist of at least the following items:

- Identification sheets shall include, but are not limited to, the following:
  - Name.
  - Address on admission.
  - Identification number.
  - Age.
  - Sex.
  - Marital status.
  - Religion.
  - Date of admission.
  - Date of discharge.
  - Name, address, and telephone number of person or agency responsible for patient.
  - Name of patient's admitting physician.
  - Initial diagnostic impression.
  - Discharge or final diagnosis.
  - History and physical examination.
  - Consultation reports.
  - Physician Order to Admit/Discharge including medication, treatment, and diet orders.
  - Progress notes including current or working diagnosis.
  - A discharge summary which shall briefly recapitulate the significant findings and events of the patient's hospitalization, the condition on discharge, and the recommendations and arrangements for future care.

Nurses' Notes

- Nurses' notes shall include, but not be limited to, the following:
  - Concise and accurate record of nursing care administered.
  - Record of pertinent observations including psychosocial and physical manifestations as well as incidents and unusual occurrences and relevant nursing interpretation of such observations.
  - Name, dosage, and time of administration of medications and treatment. Route of administration and site of injection shall be recorded if other than by oral administration.
  - Record of type of physician-ordered restraint and time of application and removal. The time of application and removal shall not be required for soft tie restraints used for support and protection of the patient or required for seclusion for custody reasons.
- Vital sign sheet.
- Reports of all X-ray examinations performed.
- Consent forms when applicable.
- Anesthesia record including preoperative diagnosis if anesthesia has been administered.
- Operative report including preoperative and postoperative diagnosis, description of findings, technique used, tissue removed or altered if surgery was performed.
- Pathological report or laboratory report if tissue or body fluid was removed.
- Labor record if applicable.
- Delivery record if applicable.
- Nursing care plan.
- Psychiatric treatment plan if applicable.

91070.14 Incomplete Inpatient/Outpatient Medical Records

Medical records shall be completed promptly and authenticated or signed by a physician, dentist, or podiatrist within two weeks following the patient's discharge.

91070.15 Transfer of Inpatients to Different Levels of Care Within the Same Facility

The medical record shall be closed and a new record initiated when a patient is transferred to a different level of care within a hospital that has a distinct partially skilled nursing or intermediate care service.

91070.15.1 Transfer to Outside Facilities

A transfer summary shall accompany the patient upon transfer to another health facility. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan. The transfer summary shall be signed by a physician. A copy of the transfer summary shall be retained in the inpatient record.

Note: Patients transferred to an outside community health facility shall be considered discharged from the CDC health care facility. The inpatient record shall be closed and a discharge summary completed. Upon return of the patient, a new record shall be established. The history and physical from the outside community health facility may be used if the attending physician makes a notation that the history and physical has been reviewed.

91070.15.2 Transfers to Other Facilities

A narrative discharge summary or transfer summary shall accompany inmates who transfer from one acute care service in one health care facility to another within the Department.

91070.16 Filing System for Inpatient/Outpatient Health Records

All inpatient/outpatient records shall be filed by the inmate's prison identification number. The records shall be filed in numerical order by the last two digits and then in order by the first three digits. The alphabetical prefix is utilized only when two numbers are identical.

91070.16.1 Retention of Inpatient/Outpatient Records

Patient records including X-ray films or reproduction thereof shall be preserved safely for a minimum of seven years following discharge of the patient from a departmental health care facility.

91070.17 Outpatient Health Record

Documents are to be filed behind appropriate divider in reverse chronological order (most recent on top). The outpatient record shall be maintained in the following order:

Left Side of Folder

- Outpatient medication record.
- Daily diabetic record.
- Consultation/inpatient reports section (yellow).
  - Consultation reports–most recent on top.
  - Inpatient reports.
  - Consent to operate–outpatient surgery.
  - Operative reports–outpatient surgery.
  - Refusal of treatment.
- Miscellaneous section (blue).
  - Reports from other (nondepartment) facilities.
  - Medical report of injury or unusual occurrence.
  - Requests for medical information from Department to outside facilities.
  - Receipts from inmate for receiving copies of records.
  - Memos.
  - Correspondence.
- Laboratory/pathology section (orange).
  - Laboratory reports–full page.
  - Laboratory reports.
  - Pathology reports.
- X-ray section (brown).
  - X-ray reports.
  - X-ray reports from nondepartment facilities.
  - Computerized Axial Tomography Scans (also known as CAT Scans).
- Other diagnostic section (pink).
  - Electrocardiograms.
  - Electroencephalograms.
  - Hearing tests.
  - Eye refractions.
  - Physical therapy.

Right Side of Folder

- Outpatient medical record.
- Physician orders for outpatient services.
- Chronos section (green).
  - CDC Form 128-C, Medical/Psychiatric/Dental Chronos.
  - CDC Form 128-C-1, Medical Clearance and Special Instructions Chronos.
- Physical exam section (red).
  - Periodic health reviews.
  - Prenatal records.
  - Immunization records.
  - Entry medical history.
  - Entry physical examination.
  - Record of original dental exam.
- Psychiatric section (purple).
  - Progress notes by psychologist and psychiatrists.
  - Psychiatric arrival screening forms.
  - Psychiatric chronos.
  - Board reports.
  - Psychiatric evaluations.
  - Psychiatric test results (multiphysical exam).
  - DMH outpatient partial day-care treatment reports.

91070.18 Transfer of Inmates

An inmate shall not be transferred to another facility unless accompanied by the outpatient health record.

91070.18.1 Paroles and Discharges

Outpatient health records of inmates who parole shall be forwarded to the appropriate regional parole office. Outpatient health records on inmates who have been discharged shall be forwarded to Archives.

91070.18.2 Deaths

Outpatient health records on inmates who expire shall be retained at the facility in which the death occurred. These records shall be maintained for a minimum of seven years. Health records on parolees who expire shall be forwarded to Archives.

91070.18.3 Health Record Tracking

All receiving facilities shall access inmate health records to ensure that a complete medical file has been received. The facility shall track and monitor receipt of all patients' health records. Temporary files are to be initiated only to file loose clinical reports. A complete permanent health record shall be on the file shelf within 30 days.

91070.18.4 File Audit

Each facility shall audit its file shelves quarterly to ensure that all outpatient health records have been forwarded to the inmate's current facility. Purged files are to be forwarded immediately to the facility where the inmate currently resides with a written explanation from the medical records supervisor.

91070.19 Statistics Admission and Discharge List

All admissions to the health care facility shall be listed by day. All discharges from the health care facility shall be listed by day. The admission/discharge list shall contain at least the following information:

- Inmate's name.
- Inmate's number.
- Previous housing.
- New housing.

91070.19.1 Daily Census Report

The following information shall be maintained on a daily basis:

- Number of admissions.
- Number of discharges.
- Transfers to community hospitals.

- Beginning census.
- Ending census.
- Inpatient daily census.
- Length of stay for patients discharged.
- Interwing/unit transfers.

91070.19.2 Monthly Statistics

The following statistics shall be maintained monthly and forwarded to the HCSD:

- For inpatient acute and infirmary hospitalizations:
  - Total admissions.
  - Total discharges.
  - Average daily census.

These statistics shall be maintained for all health care facility patients, all patients at outside hospitals, and all non-medical personnel housed in a health care facility.

91070.19.3 Death Log

The following information shall be maintained on all deaths:

- Inmate's full name.
- Inmate's number.
- Date of death.
- Cause of death.
- Place of death.

This log shall also include inmates who expire outside the facility.

91070.19.4 Master Patient Index

A master patient index shall be maintained on all patients. For patients previously hospitalized, current information shall be added to the master index.

The following information shall be maintained on each master patient index:

- Full name of inmate (last name, first name, middle initial).
- Inmate prison identification number.
- Social security number.
- CI&I fingerprint identification number.
- Race.
- AKA.
- Date of birth.
- Age.
- Comments.
- Date of admission.
- Date of discharge.
- Physician.
- Final diagnosis on discharge.

This is a permanent file and shall never be destroyed.

91070.20 Medical Staff Committees

The medical record service responsibilities to medical staff committees are:

- To submit statistical information as requested by the committee.
- To act as a resource.
- To obtain data at the request of the committee for their review.

91070.21 Approved Abbreviation List

Only those abbreviations approved by the Chief of DHS or the CMO shall be used in the inpatient or outpatient health record.

91070.22 Revisions

The Deputy Director, HCSD, or designee shall be responsible for ensuring that the contents of this section are kept current and accurate.

91070.23 References

PC §§ 5054 and 5058.

CCR (15) (3) § 3350.

CCR (22) §§ 70703(d), 70747(a), 70747(b), 70749, 70751(a), (b), (c), (d), (g), (h), (j), and 70753.

42 CFR §§ C and D.

W&I §§ 5328 and 5328.19.

Privacy Act of 1977.

ACA Standards 2-4271, 2-4274, and 2-4288.

DOM §§ 13030 and 71020.

ARTICLE 8 — INMATE TUBERCULOSIS ALERT SYSTEM

Effective April 21, 1993

91080.1 Policy

The Inmate Tuberculosis (TB) Alert System is a critical component of the Department overall efforts to identify an inmate's TB status and to control TB within CDC.

91080.2 Purpose

The Inmate TB Alert System will ensure that inmates with unknown or questionable TB status are moved appropriately, and those on treatment regimes do not have interruptions in the treatment.

The Inmate TB Alert System is designed to address several major problems in controlling TB among inmates. The system will:

- Provide a rapid method for Medical Care Services, Classification Services, Case Records, and CDC Transportation staff to determine the most current TB status of an inmate.
- Provide a rapid method for Medical Care Services staff to identify inmates that require ongoing TB treatment at the receiving facility.
- Allow CDC Transportation, C&PR, and/or the CC-III to schedule transportation by the most appropriate method given the inmate's TBstatus.
- Provide reports that will assist facilities in the tracking and control of TB.

91080.3 Definition

TB is an infectious airborne disease that is a serious public health problem in correctional facilities around the country. The control of TB requires a program that emphasizes testing, treatment, and tracking.

Testing

CDC facilities have established TB testing programs to ensure that inmates are tested on an annual basis, as well as when circumstances warrant additional testing. The testing program ensures that inmates with TB are identified as quickly as possible.

Treatment

Control of TB requires aggressive and continuous treatment for extended periods of time. TB can be broadly divided into two stages: TB Infection and TB Disease. Unlike the sound of its name, TB Infection is not infectious. During this early stage of TB, the individual has been infected but has no symptoms. Without treatment, 10 percent of the individuals infected with TB will develop the more severe stage-TB Disease.

With treatment, only 2 to 5 percent will develop TB Disease. It is extremely important in TB control that individuals with TB Infection undergo a full course of treatment. Treatment for TB Infection requires regularly administered oral medications for up to 12 months. Interruptions in therapy can cause a multiple drug resistant strain of TB requiring more aggressive and expensive therapy. Inmates with TB Infection can be moved; however, the Medical Care Services staff at the receiving facility shall be notified that an inmate requiring continuous TB treatment has been transferred to the facility.

TB Disease is initially infectious. After diagnosis and initial treatment, it becomes noninfectious but requires aggressive treatment for up to 24 months. Inmates with TB Disease cannot be moved without respiratory precautions until the disease is noninfectious. Medical staff at the receiving facility must be notified prior to the inmate with TB Disease being transferred to the facility.

Tracking

Controlling movement of the inmate population is critical to TB control. The Inmate TB Alert System addresses the need to control this movement. No inmate shall move on regular CDC transportation until it is determined that the inmate's TB status allows movement without respiratory precautions. When an inmate is moved without knowledge of TB status, there is increased potential for the spread of TB Infection. This could result in unnecessary exposure to the staff and inmate population, and require extensive testing of all exposed inmates and staff.

91080.4 Inmate Tuberculosis (TB) Alert System Major Components

- The Inmate TB Alert System will implement the following major components:

TB Alert Code

- The Department's DDPS and Automatic Transfer System (ATS) shall contain a TB Alert Code for every inmate. This code shall be accessible to designated Medical Care Services, Classification, Case Records, and CDC Transportation staff. The code shall alert Classification, Case Records, and CDC Transportation of movement limitations and special transportation requirements. It shall alert Medical Care Services staff of the need to follow-up on inmates with unknown status, and shall alert Medical Care Services staff when an inmate on therapy is transferred to their facility.

CSR Endorsements

- CSR endorsements for movement shall require the inmate's C-File contain the inmate's TB Alert Code in order to complete the endorsement. This policy requires that the CDC Form 128-C, Medical/Psychiatric/Dental Chrono, or CDC Form128-C-1, Reception Center Medical Clearance/Restriction Information Chrono, documenting the inmate's TB Alert Code be filed in the inmate's C-File at the time of endorsement. The inmate shall not be endorsed for movement if the C-File lacks a CDC Form 128-C or CDC Form 128-C-1 documenting the inmate's TB Alert Code.

Special Transportation Requirements

- Inmates with special transportation restrictions shall not be moved on regular CDC transportation. Inmates that have an unknown TB status shall not be transported on regular CDC transportation. These inmates, as well as infectious inmates, require special transportation using respiratory precautions. Special transportation is other than regularly scheduled CDC bus transportation which is normally arranged by the sending facility and provides medical respiratory precautions where required by the referring physician. Respiratory precautions require that masks are worn by those who come close to the patient, hands are washed after touching the patient or potentially contaminated articles and before taking care of another patient, and articles contaminated with infective material be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Medical Advance Transfer Notice

- The CDC Form 7343, Medical Advance Transfer Notice, shall contain the most current TB Alert Code and TB Alert Transportation Instruction for each inmate. The TB status of all inmates scheduled for movement shall be reviewed by the facility's Medical Care Services staff prior to movement. This is to ensure that changes in TB status have not occurred since endorsement.

Transfer Record

- The CDC Form 135, Transfer Record, shall contain the most current TB Alert Code and TB Alert Transportation Instruction for each inmate. CDC Transportation Sergeants shall be required to review the TB Alert Transportation Instruction of each inmate. Any inmate without a Clear for Transportation Instruction shall not be allowed to board the bus.

Telephone Alert System

- Each facility shall be required to implement a telephone alert system that allows Medical Care Services staff to quickly alert Classification and Custody staff of the need to schedule an inmate for special transportation. When Medical Care Services staff determine that an inmate is going to be moved inappropriately, a medical hold process shall be in place to allow the scheduled movement to be delayed or postponed. Since inmates can move at odd hours, a telephone alert procedure shall be rapid and responsive to the need in stopping inappropriate inmate movement.

The reports associated with the Inmate TB Alert System shall provide Medical Care Services staff with information necessary for immediate follow-up on inmates with unknown TB status. Medical Care Services staff's access to DDPS bed assignments should make reading TB tests more efficient. The transfer endorsement policy and the inclusion of the TB Alert Transportation Instruction for each inmate on the CDC Form 135 and the CDC Form 7343 shall provide additional security in stopping the transmission of TB through inappropriate inmate movement.

91080.5 The TB Alert Code

The current DDPS and ATS are used to collect information, transfer data, and track inmates throughout the CDC system. The DDPS is updated every day and selected information is downloaded to the ATS as required. When an inmate transfers to another facility, the DDPS information follows the inmate within 24 hours. The Inmate TB Alert System is an enhancement to the DDPS and ATS.

The Inmate TB Alert Code is a two-digit code that shall be entered in the Inmate TB Alert System daily by Medical Care Services staff. The code shall then be printed on the CDC Form 7343 and the CDC Form 135, along with the TB Alert Transportation Instruction for each inmate. DDPS shall also generate two reports that will be useful to Medical Care Services staff in monitoring testing activities and tracking inmates with TB Infection and TB Disease.

91080.6 Determining the TB Alert Code

Every inmate at any CDC facility shall be assigned a TB Alert Code to identify their TB status. When an initial TB Alert Code is established and every time the code changes, it shall be documented on a CDC Form 128-C or CDC Form 128-C-1.

91080.7 TB Alert Code Descriptions

Revised January 18, 1994

The TB Alert Codes are described below:

Code _ _

Status Unknown

No entry has been made into the Inmate TB Alert System. This code indicates the TB status of an inmate is unknown. Blank codes require immediate action of the Medical Care Services staff designated as the facility's Inmate TB Alert System Coordinator.

Inmates arriving at CDC reception centers can remain Code __ (blank) until the initial Mantoux Purified Protein Derivative (PPD) skin test has been read. The Code __ (blank) remains until the skin test has been read/interpreted. After test interpretation, the Code __ (blank) becomes either a Code 21 or Code 22. An inmate's TB Alert Code should not remain blank for over 72 hours.

Since an inmate entering the reception center shall be a Code __ (blank) until the PPD is read, it is imperative that designated Medical Care Services staff administer and interpret the Mantoux PPD skin test within 72 hours of inmate arrival. Failure to promptly administer, read, and document the PPD result could result in serious inmate movement problems.

TB Alert Transportation Instruction: Transfer and endorsement shall be deferred. Please refer to DOM 54055.16.

Code 11

Status Unknown/PPD Test Performed.

Code 11 denotes that the PPD skin test has been administered, but not yet read and/or interpreted. The inmate's TB status is unknown. Inmates should remain a Code 11 no more than 72 hours. This code is used when an inmate with an already established TB Alert Code has a subsequent skin test. The inmate must be coded as a Code 11 after the skin test is administered to assure that the inmate is not moved and to document the change in TB Alert status. After the PPD is read/interpreted, the inmate shall be assigned one of the appropriate TB Alert Codes: 21 or 22.

Code 11 is used when:

- Inmates with a Code 22 receive their annual PPD skin test.
- When an inmate is given a PPD skin test as part of a case contact investigation.
- Any time an inmate with an existing TB Alert Code is given a skin test or becomes unknown status.

As specified under Code __ (blank) above, mandatory use of Code 11 in newly arriving reception center inmates is no longer required.

TB Alert Transportation Instruction: Inmates with unknown TB status shall be transported/moved by special transportation using respiratory precautions.

Code 21

TB Screening Test Result Significant--Inmate Under Diagnosis.

A Code 21 is used when the clinician has determined that an inmate requires diagnostic TB testing. While this is generally done in response to a significant PPD skin test, any time a clinician considers an inmate "under diagnosis" for TB, the inmate should be coded as a Code 21.

A Code 21 is used when:

- An inmate has a PPD skin test induration of 10 mm or more.
- An inmate has a PPD skin test induration of 5 mm or more and risk factors specified in the CDC TB Guidelines exist.
- An immunosuppressed inmate is determined skin test positive (without regard to the mm induration) based on anergy testing.

- An inmate with a previously significant PPD (prior history of TB Disease or TB Infection) is undergoing annual or other periodic TB evaluation. Inmates with a prior history of TB Disease or TB Infection should be evaluated once a year. At the time the inmate is ducated for evaluation, the inmate's TB Alert Code should be changed to Code 21. It should remain a Code 21 until the medical evaluation is completed and the inmate is determined free from the disease.

A Code 21 is used only until appropriate diagnostic procedures establish a subsequent TB Alert Code.

After diagnostic procedures, the inmate shall be assigned one of the appropriate TB Alert Codes: either 31, 32, or 33.

Movement from Code 21 to Code 31:

Inmates should be coded 31 any time a clinician suspects infectious TB Disease, based on either symptoms, sputum smears, x-rays, or any combination. The inmate should be changed from Code 21 to Code 31 as soon as the clinician suspects that the inmate could be infectious. For example, if a sputum smear for Acid Fast Bacilli (AFB) returns as positive and the inmate is considered a suspect for infectious TB Disease, they should be immediately coded as a Code 31. It is not appropriate for the inmate to remain a Code 21 while awaiting confirmatory results of the culture and sensitivity.

Movement from Code 21 to Code 32:

Inmates should be moved from a Code 21 to a Code 32 when:

- Written documentation establishes that the positive skin test is the result of a prior exposure and the inmate does not require current prophylactic treatment.
- A clinician determines that a new exposure will not receive prophylactic treatment due to medical contraindications.

Movement from Code 21 to Code 33:

Inmates should be moved from a Code 21 to a Code 33 after the initiation of TB Infection prophylactic medication or upon a signed refusal by the inmate to take prescribed medications. Inmates with a negative chest X-ray must remain a Code 21 until the medical evaluation is complete and the medication initiated or refused.

TB Alert Transportation Instruction: Inmates with a Code 21 shall be transported/moved by special transportation using respiratory precautions.

Code 22

PPD Test Result Non-significant.

Code 22 is used when the PPD skin test is not significant and no follow-up treatment is required. Inmates with a Code 22 require annual PPD skin testing or testing upon exposure.

TB Alert Transportation Instruction: Inmates with a Code 22 shall be transported/moved by regular CDC transportation.

Code 31

Infectious TB Disease Suspected.

Code 31 is used when an inmate is suspected of having infectious TB Disease. An inmate should be made a Code 31 as soon as the clinician suspects infectious TB Disease. The inmate shall remain a Code 31 until they have received appropriate treatment and are no longer considered infectious.

Inmates that are considered a Class V TB case would immediately be coded as a Code 31. The inmate would remain a Code 31 until the clinician determines they are no longer infectious. After the inmate has been placed on TB Disease treatment and is no longer considered infectious, the inmate should be coded as a Code 43. (Please note that the inmate is still a Class V TB case until culture confirms the diagnosis. In most cases, however, the inmate's TB code would change to a Code 43 several weeks before obtaining the culture results.) The inmate should not remain a Code 31 until culture confirmation of the case. They should be coded as a Code 43 (TB Disease-On Medication) as soon as the inmate is no longer considered infectious.

Should an inmate initially considered infectious (and Coded 31) and later have TB Disease ruled out, the inmate would be coded to the appropriate TB Alert Code.

TB Alert Transportation Instruction: Inmates with a Code 31 shall be transported/moved by special transportation using respiratory precautions.

Code 32

PPD Test Result Significant From Prior Infection/Disease--Noninfectious.

Code 32 is used when:

- An inmate has a significant PPD reaction from prior exposure to TB that has already been prophylactically treated.
- An inmate has a significant PPD reaction from a prior case of TB Disease and the inmate has completed the required treatment.
- An inmate has a diagnosis of TB Infection, but after medical evaluation, is not receiving prophylactic treatment due to medical contraindications.

TB Alert Transportation Instruction: Inmates with a Code 32 shall be transported/moved by regular CDC transportation.

Code 33

TB Infection--Noninfectious, On Medication.

Code 33 is used when:

- An inmate has a diagnosis of TB Infection and is receiving prophylactic treatment.
- TB medication has been prescribed but the inmate refused the medication.
- TB medication has been prescribed but the inmate is only intermittently or partially compliant with the treatment regime.
- HIV inmates receiving multiple medication as prophylactic treatment for TB Infection.

When an inmate completes the course of prophylactic treatment for TB Infection, the inmate's TB Alert Code should be changed to Code 32.

TB Alert Transportation Instruction: Inmates with a Code 33 shall be transported/moved by regular CDC transportation. Medication shall be transported on the bus or Medical Care Services staff shall ensure the medication is available at the receiving facility.

Code 43

TB Disease, Not Infectious.

Code 43 is used for inmates currently under treatment for TB Disease when the inmate is no longer considered infectious. Inmates shall remain Code 43 through the entire treatment period for this episode of TB Disease. Upon completion of TB curative treatment, the inmates shall be coded Code 32.

Inmates receiving curative treatment for TB Disease should be coded Code 43 while the result of the culture is pending. If the culture result confirms TB Disease, the inmate will remain a Code 43 throughout the treatment period. If the culture rules out TB Disease, the inmate should, at that time, be coded Code 33 to reflect the inmate's TB Infection status. If the inmate is diagnosed with atypical Mycobacterium infection, the code should be changed to either Code 32 if the PPD status is positive or Code 22 if the PPD status is negative.

Code 43 is used for:

- Confirmed cases of TB Disease currently receiving curative treatment.
- Suspected cases of TB Disease (awaiting culture confirmation) currently receiving curative treatment and not infectious.
- Extrapulmonary TB Disease (confirmed Mycobacterium TB in other than a pulmonary site).

Upon completion of treatment for TB Disease, the inmate shall be coded as Code 32.

TB Alert Transportation Instruction: Inmates with a Code 33 shall be transported/moved by regular CDC transportation. Medication shall be transported on the bus or Medical Care Services staff shall ensure the medication is available at the receiving facility.

91080.8 Documenting the TB Alert Code and Entering the TB Alert Code in the DDPS

Every time an inmate's TB Alert Code changes, Medical Care Services staff shall complete a CDC Form 128-C or CDC Form 128-C-1. This shall be done within 24 hours of reading the PPD skin test results and diagnosing the inmate's TB status.

If the TB Alert Code is 31, the TB Alert Code shall be documented on the CDC From 128-C or CDC Form 128-C-1 by the **end of the shift** in which the diagnosis was made.

The TB Alert Code shall be identified on the CDC Form 128-C or CDC Form 128-C-1.

Medical Care Services staff shall input the inmate's TB Alert Code into the DDPS file within **24 hours** of reading the PPD skin test results, diagnosis, or any change in the TB Alert Code.

If the TB Alert Code is 31, the TB Alert Code shall be entered into the DDPS by the **end of the shift** in which the diagnosis was made.

91080.9 Routing and Filing the CDC Forms 128-C and 128-C-1,

Mainline Facilities:

- Medical Care Services staff in mainline facilities shall route the CDC Form 128-C documenting the TB Alert Code to Medical Records by the end of the shift in which the PPD skin test result was read, diagnosis made, or any change to the TB Alert Code.
- Medical Records in mainline facilities shall file the CDC Form 128-C in the inmate's Medical Record within 24 hours of receipt (or by the end of the next business day if received on a weekend or holiday) from Medical Care Services staff.
- Medical Records in mainline facilities shall route the CDC Form 128-C to Case Records within 24 hours of receipt (or by the end of the next business day if received on a weekend or holiday) from Medical Care Services staff.
- Case Records in mainline facilities shall file the CDC Form 128-C in the inmate's C-File as soon as possible. The CDC Form 128-C must be filed prior to transfer endorsement.

Reception Centers:

- Medical Care Services staff in reception centers shall route the CDC Form 128-C or CDC Form 128-C-1 documenting the TB Alert Code to Medical Records after reading the PPD skin test result, diagnosis, or any change in the TB Alert Code.
- Medical Records in reception centers shall file the CDC Form 128-C or CDC Form 128-C-1 in the inmate's Medical Record within five days of reading the PPD skin test, diagnosis, or any change in the TB Alert Code.
- Medical Records in reception centers shall route the CDC Form 128-C or CDC Form 128-C-1 to Case Records before the transfer endorsement can be completed.
- Case Records in reception centers shall file the CDC Form 128-C or CDC Form 128-C-1 in the inmate's C-File before the transfer endorsement can be completed.

91080.10 Reviewing Scheduled Inmate Movement on the CDC Form 7343, Medical Advance Transfer Notice

General Requirements

A CDC Form 7343 generated at each facility shall contain the TB Alert Transportation Instruction for every inmate listed.

The facility's Associate Information System Analyst (AISA) routinely extracts (downloads) information from the DDPS and enables the ATS access to this information during the generation of the CDC Form 7343. ATS reads each inmate's TB Alert Code from the extracted information, generates the appropriate TB Alert Transportation Instruction based on the TB Alert Code, and prints the TB Alert Transportation Instruction on the CDC Form 7343.

Medical Care Services staff shall review the CDC Form 7343 to ensure the appropriate TB Alert Transportation Instructions have been identified and medications are prepared for transfer if appropriate.

CDC Form 7343 Medical Advance Transfer Notice Distribution Instructions

The Inmate TB Alert Coordinator shall walk to Case Records and obtain a copy of the CDC Form 7343 as soon as it is printed and as subsequent changes occur.

CDC Form 7343 Review Instructions

Medical Care Services staff shall review the CDC Form 7343. It is **not necessary** to compare the TB Alert Transportation Instruction with the DDPS TB Alert Code or documentation in the medical record. A visual check of the names and TB Alert Transportation Instructions printed on the CDC Form 7343 along with Medical Care Services staff's knowledge of inmates who are in the infirmary, quarantine, etc., shall be sufficient. This review is intended to ensure all inmates have a Clear For Transportation status and to identify that any recent change in the TB Alert Code not yet entered in DDPS can be identified and arrange transportation arrangements, if necessary**.**

Medical Care Services staff shall follow instructions for placing Special Transportation Requirements, as described in DOM 54055.11, for any inmate who is TB Alert Code 31, Infectious TB Disease.

Medical Care Services staff shall be responsible for securing medications for inmates who are TB Alert Code 33, TB Infection, Noninfectious, On Medication; or TB Alert Code 43, Diagnosis of Noninfectious TB Disease, On Multiple Medication.

Medical Care Services staff shall be responsible for ensuring transfer medications are at Receiving and Release (R&R) at the time of inmate transfer. If medications are not transferred on the bus, Medical Care Services staff shall telephone Medical Care Services staff at the receiving facility that medications did not transfer with the inmate.

If a TB Alert Code requires change, Medical Care Services staff shall contact Case Records before the end of the shift and document the name of the person contacted and the date of the contact next to the inmate's name on the CDC Form 7343.

Upon completion of review, Medical Care Services staff shall sign the CDC Form 7343 denoting approval and route the CDC Form 7343 to Case Records.

If Medical Care Services staff does not have 24 hours to review the CDC Form 7343, changes and approvals shall immediately be communicated with the appropriate staff by telephone.

91080.11 Special Transportation Requirements

General Requirements

Every inmate who has been diagnosed as Code 31, TB Disease, Infectious, shall be moved only by special transportation using respiratory precautions.

Each facility shall identify Medical Care Services staff who may issue and remove telephone medical holds pending special transportation arrangements. The facility shall also identify Classification and Custody staff who may receive special transportation instructions. The names and telephone numbers of all staff identified in this process shall be documented and distributed.

Medical Care Services staff shall place medical holds pending special transportation arrangements by the end of the shift in which the status was diagnosed. Once an inmate's TB status has changed, a release of special transportation arrangements shall be placed by the end of the shift in which the status was diagnosed.

Placing A Medical Hold Pending Special Transportation Arrangements

Every inmate who has been coded with a TB Alert Code 31, TB Disease, Infectious, shall have a medical hold pending special transportation arrangements. Medical Care Services staff shall place a telephone call to the C&PR, the CC-III, or their designee during regular business hours (the Administrator on Duty [AOD] or their designee during non-business hours) and:

- Identify the inmate as currently infectious.
- Require that the inmate be transferred using special transportation and using respiratory precautions until further notice.

Document the TB Alert Code as described in the DOM 54055.8.

Enter the TB Alert Code as described in DOM 54055.8.

Route and file the documentation as described in DOM 54055.9.

Removing A Medical Hold Pending Special Transportation Arrangements

When an inmate is no longer Code 31, TB Disease, Infectious, the special transportation requirement shall be removed. Medical Care Services staff shall place a telephone call to the C&PR, the CC-III, or their designee during regular business hours (the AOD or their designee during non-business hours) and:

- Identify the inmate as no longer infectious.
- Remove the special transportation requirement.
- Discuss any additional special transport requirements if appropriate.

Document the TB Alert Code as described in DOM 54055.8.

Enter the TB Alert Code as described in DOM 54055.8.

Route and file the documentation as described in DOM 54055.9.

91080.12 Inmate TB Alert System Reports

The Inmate Alert System provides two reports, 1) Medical Alert List by Arrival Date and 2) Medical Alert List by Medical Code and two screens 1) Medical Information Screen History–Diagnosis and 2) Medical Information Screen History–Movement. The reports and screens are useful in monitoring an inmate's TB status.

Medical Alert List By Arrival Date

The user of the Inmate TB Alert System selects the desired inmate arrival date. The selected date may be either one single day or a sequence of many days.

The **Medical Alert List by Arrival Date Report** provides the following data elements for every inmate in the facility by date of arrival:

- Bed/Cell--Most current housing status.
- CDC Number.
- Inmate Name.

- Birth Date.
- Age.
- Medical Code.

The **Medical Alert List by Arrival Date Report** may be generated daily and used for:

- Inmate Tracking--Immediate action shall be taken if the inmate's TB Alert Code remains 11 after 72 hours.
- Case contact investigation information.
- Identification of inmates with TB Alert Code 22 who require annual PPD skin testing.
- Identification of inmates with TB Alert Code 31, 32, 33, or 43 who require yearly evaluations for symptoms of coughing, night sweats, fever, and weight loss.
- Assistance with identifying inmates who require Directly Observed Therapy.
- Assistance in Confidential Morbidity Report and Verified Case Report card generation.

Medical Alert List by Medical Code

The **Medical Alert List by Medical Code Report** provides a list of every inmate grouped by TB Alert Codes. The report may be generated by selecting one or a combination of TB Alert Codes.

This report, sorted by medical alert code and description of code, provides the following data elements for every inmate in the facility:

- Bed/Cell--Most current housing status.
- CDC Number.
- Inmate Name.
- Birth Date.
- Age.
- Arrival.

The **Medical Alert List by Medical Code Report** may be generated daily and used for:

- Follow-up of inmates with a TB Alert Code 11 that should have progressed into another code.
- Data surveillance on a daily, weekly, monthly, and annual basis.
- Expediting follow-up care on inmates with TB Alert Code 21, 31, or 32.

Screens

The Medical Information Screen History--Diagnosis.

Medical Information Screen History Diagnosis

The user will read information regarding the inmate's TB history provided on the **Medical Information Screen History--Diagnosis** screen. Refer to the Medical Alert System User's Manual for detailed instructions.

This screen provides the following data elements for every inmate in the facility:

- CDC Number.
- Inmate Name.
- Bed/Cell--Most current housing status.
- Current TB Alert Code.
- Previous medical diagnosis and date of entry.

Uses of the Medical Information Screen History--Diagnosis screen include:

- Current TB Alert Code and date entry.
- Previous medical diagnosis history.

Once this screen is displayed on the DDPS terminal, a screen print may be executed on the printer. Refer to the Medical Alert System User's Manual for detailed instructions.

Medical Information Screen History Movement

The user will read information regarding an inmate's movement history provided on the **Medical Information Screen History–Movement** screen. Refer to the Medical Alert System User's Manual for detailed instructions.

This screen provides the following data elements for every inmate in the facility:

- CDC Number.
- Inmate's Name.
- Bed/Cell--Most current housing status.
- Current TB Alert Code.
- Transaction Message.
- Facility.
- Cell.
- Location.
- Date.
- Previous CDC Number.

Uses of the Medical Information Screen History–Movement include:

- Assistance with case contact investigations.

Once this screen is displayed on the DDPS terminal, a screen print may be executed on the printer. Refer to the Medical Alert System User's Manual for detailed instructions.

91080.13 Weekly Code Review

General Requirements

Medical Care Services staff shall conduct a weekly review of inmates with a TB Alert Code of___ (blank), 11, 21, or 31. This review shall provide Medical Care Services staff with the ability to ensure that coding and medical follow-up is properly maintained.

Each facility shall identify the Medical Care Services staff who will generate, review, and follow-up on those inmates who are identified with TB Alert Codes 11, 21, or 31.

Weekly Code Review Instructions

Medical Care Services staff shall generate the **Medical Alert List by Arrival Date Report** on the DDPS each Monday morning using the arrival date for the Monday of the previous week and selecting TB Alert Codes of 11, 21, and 31. Refer to Medical Alert System User's Manual for details.

Medical Care Services staff shall review medical records for each inmate who reports a TB Alert Code of 11, 21, or 31.

If the TB Alert Code is 11, the Mantoux PPD skin test shall be read and interpreted or re-administered as appropriate.

If the TB Alert Code is 21, the reviewing Medical Care Services staff shall determine if the diagnosis has been confirmed.

If the TB Alert Code is 31, the reviewing Medical Care Services staff shall determine if the diagnosis can be updated.

If the TB Alert Code is updated to Code 31, Medical Care Services staff shall issue a medical hold pending special transportation arrangements as defined in DOM54055.11.

Any TB Alert Code changes shall be documented and entered in the DDPS as described in DOM 54055.8.

Route and file the documentation as described in DOM 54055.9.

91080.14 Monthly Reporting

General Requirements

Each facility shall generate the **Medical Alert List By Medical Code Report** at the month's end and use the data to complete the **Interim Tuberculosis Case Report**. This report shall be submitted to the Infectious Disease Control Unit in headquarters.

Monthly Report Instructions

On the morning of the first day of each month, Medical Care Services staff shall generate the **Medical Alert List by Medical Code Report**. Refer to the Medical Alert System User's Manual for details for report generation.

Medical Care Services staff shall complete the **Interim Tuberculosis Case Report** using the information contained in the Medical Alert List by Medical Code Report.

Medical Care Services staff shall submit the **Interim Tuberculosis Case Report** to the Infectious Disease Control Unit in headquarters by the close of business on the 5th of the month.

91080.15 Case Contact Investigation

General Instructions

As soon as a diagnosis of Infectious TB Disease is reasonably established on laboratory, clinical and/or radiographic basis, investigation of contracts shall begin. The TB Alert System can assist facilities to manage case contact investigations.

- The **Medical Alert List by Arrival Dates Report** from the Inmate TB Alert System can assist in verifying all inmates (close contact) who were in the facility during the "period of infectivity."
- The **Medical Alert List by Medical Codes Report** from the Inmate TB Alert System can assist in identifying the TB status of all identified close contacts.

All inmates who have been identified as a close contact to the source inmate should immediately be coded TB Alert Code 11 with the appropriate documentation on the CDC Form 128-C or 128-C-1.

Documentation, coding, routing, and filing for this and subsequent TB Alert Code changes follows the procedures specified in DOM 54055.8 and 54055.9.

91080.16 TB Documentation for Transfer Endorsement

General Requirements

An inmate's transfer endorsement shall be deferred if the TB Alert Code is not documented on a CDC Form 128-C or CDC Form 128-C-1, Medical/Psychiatric/Dental Chorine, and filed in their C-File at the time of endorsement. The CSR or CC-III (for DPU cases) shall be responsible for deferring endorsement of any case with incomplete TB status information. The inmate's C-File shall have a documented TB Alert Code of 21, 22, 31, 32, 33, or 43. The C&PR or CC-III shall notify Medical Care Services staff of any missing documentation.

Medical Care Services staff is responsible for reviewing the inmate's Medical File, completing or providing the appropriate copy of the CDC Form 128-C or CDC Form 128-C-1 and forwarding it to Case Records within 24 hours from the date of notice by the C&PR or CC-III. Case Records shall file the CDC Form 128-C or CDC Form 128-C-1 in the inmate's C-File within 24 hours.

Classification Referral Instructions

As is current practice, the C&PR, CC-III, or their designee shall audit all files prepared for CSR review and endorsement to ensure proper casework. No case shall be presented for CSR action without a valid TB Alert Code of 21, 22, 31, 32, 33, or 43 documented on a CDC Form 128-C or CDC Form 128-C-1 in the inmate's C-File.

The C&PR, CC-III, or their designee shall notify the Inmate TB Alert System Coordinator in Medical Care Services of the missing CDC Form 128-C or CDC Form 128-C-1 within 24 hours of review. The Inmate TB Alert System Coordinator shall provide the CDC Form 128-C or CDC Form 128-C-1 within 24 hours of notification.

Should a case inadvertently be presented to a CSR for transfer endorsement and lack a valid TB Alert Code of 21, 22, 31, 32, 33, or 43 documented on a CDC Form 128-C or CDC Form 128-C-1, the case shall be deferred. The CSR shall notify the C&PR, CC-III, or their designee of the missing information that same day. The C&PR, CC-III, or their designee shall follow step two above.

Special Transportation Instructions

If an inmate with a TB Alert Code of 11, 21, or 31 requires movement, special transportation arrangements are required. A CDC Form 128-C or CDC Form 128-C-1 shall document a doctor-to-doctor agreement for appropriate housing, type of transportation, and any medical concerns and restrictions per DOM 62080.16. Following transfer endorsement by a CSR, transportation arrangements shall be coordinated by the C&PR, CC-III, or their designee.

The C&PR or CC-III shall refer to DOM 54055.19 for specific guidelines.

If an emergency transfer of an inmate is required for other than medical reasons and the TB Alert Code does not authorize a normal move, the C&PR, CC-III, or their designee shall contact Medical Care Services staff during regular business hours (the Medical Officer on Duty [MOD] during non-business hours) and receive verbal TB Alert Code verification for inclusion on the CDC Form 135, Warden's Check-out Order. If the transfer takes place after regular working hours, arrangements shall be made through the Watch Commander, AOD, MOD, and Supervising RN (SRN) if applicable. Transportation precautions shall be taken accordingly. Within 24 hours of verbal verification, Medical Care Services staff shall provide appropriate documentation on a CDC Form 128-C or CDC Form 128-C-1 to Case Records for inclusion in the inmate's C-File and update the TB Alert Code in DDPS if required. They will also contact the receiving facility's Medical Care Services staff with any relevant medical information pertaining to the transferred inmate.

91080.17 Distribution and Review of the CDC Form 7343

A CDC Form 7343 generated at each facility shall contain the TB Alert Transportation Instruction for every inmate listed.

The facility's AISA routinely extracts (downloads) information from DDPS and enables the ATS access to this information during the generation of the CDC Form 7343. The ATS reads each inmate's TB Alert Code from the extracted information, generates the appropriate TB Alert Transportation Instruction based on the TB Alert Code, and prints the TB Alert Transportation Instruction on the CDC Form 7343.

Medical Care Services staff shall review the CDC Form 7343 to ensure the appropriate TB Alert Transportation Instructions have been identified and medications are prepared for transfer if appropriate.

A description of the TB Alert Transportation Instructions can be found in DOM 54055.19.

CDC Form 7343 Using ATS

AISA shall download DDPS to ATS before the CDC Form 7343 is generated.

Follow the normal process to generate the CDC Form 7343.

CDC Form 7343 Distribution Instructions

The Inmate TB Alert System Coordinator shall walk to Case Records and obtain a copy of the CDC Form 7343 as soon as it is printed and as subsequent changes occur.

CDC Form 7343 Review Instructions

Medical Care Services staff shall immediately notify Case Records of any TB Alert Transportation Instruction changes by telephone.

Upon completion of review, Medical Care Services staff shall sign the CDC Form 7343 denoting approval and route the CDC Form 7343 to Case Records.

If Medical Care Services staff do not have 24 hours to review the CDC Form 7343, changes and approvals shall immediately be communicated with the appropriate staff by telephone.

91080.18 Deletion of Inmates From the CDC Form 7343

Medical Care Services staff shall notify Case Records if an inmate's TB Alert Code has changed.

Inmates remaining on the CDC Form 7343 with a TB Alert Code of 11, 21, or 31 shall not be moved on regular CDC transportation. The inmate's name shall be deleted from the CDC Form 7343 by telephone request. See DOM 54055.11 for additional information.

If it is necessary to move the inmate, a CDC Form 128-C or CDC Form 128-C-1, documenting the special transportation instructions, shall be requested from Medical Care Services staff.

91080.19 TB Alert Transportation Instructions

The TB Alert Transportation Instructions shall be found on the CDC Form 135. A description of each TB Alert Transportation Instructions is as follows:

TB Alert Transportation Instruction: Med Alert Sp Trans 11.

Meaning: TB status unknown.

Action: Inmates with Code 11 have an unknown TB status, either because their screening test has not yet been performed or has not been read and interpreted. These inmates pose a high risk of transporting TB Infection and cannot be put on regular CDC transportation, including buses and transportation used to move inmates from CDC facilities to CCFs. These inmates shall be transferred by special transportation using respiratory precautions.

TB Alert Transportation Instruction: Med Alert Sp Trans 21.

Meaning: The inmate's PPD was significant and the inmate is being diagnosed for suspected TB Disease.

Action: Inmates with Code 21 had a significant PPD and remain under diagnosis. These inmates pose a high risk of transporting TB Infection and cannot be put on regular CDC transportation, including buses and transportation used to move inmates from CDC facilities to CCFs. These inmates shall be transferred by special transportation using respiratory precautions.

TB Alert Transportation Instruction: Clear For Transportation 22.

Meaning: The inmate's PPD was non-significant and the inmate is cleared for transportation.

Action: Inmates with Code 22 had a non-significant PPD and are not infectious. These inmates shall be transferred by regular CDC transportation.

TB Alert Transportation Instruction: Med Alert Sp Trans 31.

Meaning: The inmate has been diagnosed with infectious TB Disease. Transfer should be done only under the approval and direction of Medical Care Services.

Action: Inmates with Code 31 have TB Disease and are currently infectious. These inmates pose a high risk of transmitting TB Infection and cannot be put on regular CDC transportation, including buses and transportation used to move inmates from CDC facilities to CCFs. These inmates shall be transferred by special transportation using respiratory precautions.

TB Alert Transportation Instruction: Clear For Transportation 32.

Meaning: The inmate's PPD was significant due to prior infection. The inmate is cleared for transport.

Action: Inmates with Code 32 had a significant PPD from prior TB Infection and are not currently infectious. These inmates shall be transferred by regular CDC transportation.

TB Alert Transportation Instruction: INH Medication 33.

Meaning: The inmate has TB Infection but is not infectious. The inmate is on INH medication.

Action: Inmates with Code 33 have TB Infection but are not infectious. Medications shall be transferred with the inmate or Medical Care Services staff shall arrange for medications with the receiving facility. These inmates shall be transferred by regular CDC transportation.

TB Alert Transportation Instruction: Multiple TB Medication 43.

Meaning: The inmate has TB Disease but is not infectious. The inmate is on medication.

Action: Inmates with Code 43 have TB Disease but are not infectious. Medications shall be transferred with the inmate. These inmates shall be transferred by regular CDC transportation.

91080.20 Review of Inmate TB Alert Transportation Instructions by the Transportation Sergeant

The CDC Transportation Sergeant shall be required to review the TB Alert Transportation Instructions of each inmate before boarding the bus. Inmates with TB Alert Codes of 11, 21, or 31 shall not be put on regular CDC transportation, which includes movement from CDC facilities to CCFs. These inmates shall be transferred by special transportation using respiratory precautions.

91080.21 Review of Inmate TB Alert Transportation Instructions by the Receiving and Release Staff

If an inmate arrives at the receiving facility with a TB Alert Code 11, 21, or 31, R&R staff shall immediately notify Medical Care Services staff. The inmate shall be placed in a separate cell until Medical Care Services staff move the inmate to the facility's infirmary.

91080.22 Coordinating With Medical Services-Special Circumstance Moves

If an emergency transfer of an inmate is required for other than medical reasons and the TB Alert Code does not authorize a normal move, the C&PR, CC-III, or their designee shall contact Medical Care Services staff during regular business hours and receive verbal TB Alert Code verification for inclusion on the CDC Form 135 or Warden's Check-out Order. If the transfer takes place after regular working hours, arrangements shall be made through the Watch Commander, AOD, MOD, and SRN if applicable. Transportation precautions shall be taken accordingly. Within 24 hours of verbal verification, Medical Care Services staff shall provide appropriate documentation on a CDC Form 128-C or CDC Form 128-C-1 to Case Records for inclusion in the inmate's C-File and update the TB Alert Code in DDPS if required. They will also contact the receiving facility's Medical Care Services staff with any relevant medical information pertaining to the transferred inmate.

91080.23 Revisions

The Deputy Director, HCSD, or designee shall be responsible for ensuring that the contents of this section are kept current and accurate.

91080.24 References

PC §§ 3053, 5054, 5058, 6006, 6007, and 6008.

Medical Alert System User's Manual.

W&I § 1768.10

ARTICLE 9 — INVOLUNTARY PSYCHOTROPIC MEDICATIONS

Effective June 18, 1997

91090.1 Policy

The Department may administer involuntary psychotropic medication to an inmate if certain procedures are followed.

91090.2 Purpose

The purpose of this Article is to set forth CDC's responsibilities and inmates' rights concerning administration of involuntary psychotropic medications.

91090.3 Definitions

Informed Consent

Informed consent means that the inmate, without duress or coercion, clearly and explicitly manifests consent to the proposed medication to the treating physician in writing. In order to obtain informed consent, the following information shall be given to the inmate in a clear and explicit manner:

- The reason for treatment, that is, the nature and seriousness of the person's illness, disorder, or defect.
- The nature of the procedures to be used in the proposed treatment, including its probable frequency and duration.
- The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.
- The nature, degree, duration, and the probability of the side effects and significant risks, commonly known by the medical profession, of such treatment, including its adjuvants, especially noting the degree and duration of memory loss (including its irreversibility) and how and to what extent they may be controlled, if at all.
- That there exists a division of opinion as to the efficacy of the proposed treatment (if such a division of opinion exists), why and how it works, and its commonly known risks and side effects.
- The reasonable alternative treatments, and why the physician is recommending this particular treatment.
- That the individual has the right to accept or refuse the proposed treatment, and that if he or she consents, he or she has theright to revoke that consent for any reason, at any time prior to or between treatments.

Incompetent to Refuse Medication

An inmate is "incompetent to refuse medication" or "lacks the capacity to refuse medication" if the inmate cannot understand or knowingly and intelligently act upon the information specified under "informed consent" above. An inmate shall not be deemed incompetent to refuse medication or lacking the capacity to refuse medication solely by virtue of being diagnosed a mentally ill, disordered, abnormal, or mentally defective person.

Gravely Disabled

An inmate is "gravely disabled" if the inmate, as a result of a mental disorder, is unable to use the elements of life that are essential to health and safety including food, clothing, and shelter, even though provided to the inmate by others. Examples of grave disability might include:

- Deterioration in personal hygiene.
- Unable to maintain reasonably clean surroundings.
- Soils clothes, urinates in the bed or on the floor, smears feces on the wall or on the body.
- Unable or refuses to shave, take shower, change clothes to the degree that the body smells and becomes very dirty and unhygienic.
- Refusal of food.
- Refuses to go to the dining room, or refuses food when tray is brought.
- Throws food away without eating or unable to eat without one-to-one assistance.
- Loss of weight and poor nutritional condition due to poor eating or starvation.
- Destructive behavior.

Sets fire in the cell or mattress without regard for safety consequences.

- Floods the cell.
- Breaks windows.

Danger to Others

An inmate is a "danger to others" only if at least one of the following exist:

- The inmate has attempted, inflicted, or made a serious threat of substantial physical harm upon the person of another, after having been taken into an inpatient psychiatric unit and who presents, as a result of mental disorder, a demonstrated danger of inflicting substantial physical harm upon others.
- The inmate has attempted or inflicted physical harm upon the person of another, that act having resulted in being taken into the inpatient psychiatric unit, and the person presents, as a result of mental disorder, demonstrated danger of inflicting substantial physical harm upon others.
- The inmate had made a serious threat of substantial physical harm upon the person of another within seven days of being taken into an inpatient psychiatric unit, that threat having at least in part resulted in being taken into the inpatient psychiatric unit, and the person presents, as a result of mental disorder, demonstrated danger of inflicting substantial physical harm upon others.

Danger to Self

An inmate is a "danger to self," if, as a result of a mental disorder, the inmate, while in an inpatient psychiatric unit, threatens or attempts to take his or her own life or threatens, attempts, or inflicts serious physical injury on him/herself and who continues to represent an imminent threat of taking his or her own life or an imminent threat of inflicting serious physical injury on him/herself.

Inpatient Psychiatric Unit

An inpatient psychiatric unit is any inmate housing in which both psychiatric care and 24-hour nursing care is accessible.

Involuntary Medication

Involuntary medication refers to the administration of any psychotropic or anti-psychotic medication or drug to any person by the use of force, discipline, or restraint. It includes the administration of any such medication or drug to a person who does not give informed consent as defined herein.

Psychotropic or Antipsychotic Drugs

The terms "psychotropic drugs" and "anti-psychotic drugs" refer to drugs or medications used in the treatment of mental disease, mental disorder, or mental defect.

91090.4 General Provisions

Involuntary medication shall not be used:

- To control behavior that is not related to a diagnosable psychiatric disorder.
- When an inmate is capable of giving informed consent and objects to such medication, unless dangerous to self or others.

Involuntary medication shall not be given:

- In doses above approved levels unless approved by a written statement in the inmate's medical record by the Health Care Manager (HCM) or Chief Psychiatrist (CP).
- For purposes other than those for which the drug is approved by the Food and Drug Administration or by community standards of professional practice.

91090.4.1 Involuntary Medication Log

A continuous daily log of all involuntary medications administered shall be maintained by the medication nurse or MTAs/LVNs under the direction of the SRN in the unit or nursing station. Each entry in the log shall include:

- Inmate's name and CDC number.
- Physician ordering the medication.
- Reason for medication.
- Date of initial involuntary medication.
- Date, time, route of administration, and whether accompanied by use of restraint for each involuntary medication.
- Date of scheduled certification review hearing and result.
- Expiration date of judge's order, if any, authorizing administration of involuntary medication.
- Expiration date of certification period (no later than 24 days after day 1 of involuntary medication).
- Expiration date of interim order for psychotropic medication (no later than 47 days after day 1 of involuntary medication).

The log shall be reviewed and signed monthly by the HCM/CP.

91090.4.2 Place of Involuntary Medication Administration

Involuntary psychotropic medication may not usually be administered to an inmate in a housing unit. Prior to the administration of such medication, the inmate shall usually be transferred to the:

- Hospital.
- Clinic.
- Emergency room.
- Infirmary.
- Inpatient psychiatric unit.

If a physician determines that transfer of the inmate to such a medical setting would pose a greater risk to the inmate and staff than the risk involved to the inmate in receiving medication in a non-medical setting, the medication may be administered in the housing unit, or other location, provided that:

- Custody staff shall be alerted, orally and in writing on a CDC Form 7219, Medical Report of Injury or Unusual Occurrence, by medical staff that medication has been administered, the time and date of administration, and possible side effects that may develop.
- In all cases where it is both feasible and medically desirable, a fast-acting medication shall be utilized to facilitate the inmate's rapid transfer to a medical setting.
- A staff psychiatrist shall consider the inmate for transfer to a medical setting from his cell at least once a day after the injection for the effective duration of the medication. The staff psychiatrist shall note his/her observations and decision in writing. The inmate shall be transferred to a medical setting no later than 72 hours after the injection if the effective duration of the drug administered exceeds that time period.

91090.4.3 Medication Supervision

A physician or RN shall be physically present to observe the administration of involuntary medication. The physician's progress notes or the nursing notes shall include:

- Personnel administering the medication.
- Observation.
- Location of administering of the medication.
- Resistance.
- Force.
- Injury.
- Reaction.

91090.4.4 Documentation

Documentation of dangerousness or of grave disability and incompetence to render an informed consent shall be entered in the medical/psychiatric file.

91090.5 Emergency Medication

In the clinical judgment of a physician that an emergency situation exists, the physician may order involuntary medication for a period not to exceed 72 hours. An emergency exists when there is a sudden marked change in the inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first obtain consent. If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the inmate. The physician shall document that informed consent information was given or if not, the reason it was not given.

91090.6 Procedures for Long-Term Involuntary Medication, up to 24 Days

If involuntary medication has been administered to an inmate for 72 hours or less, the inmate may be certified for an additional 21 days of involuntary medication related to the mental disorder when both of the following conditions are met:

- The clinical staff of the facility where the inmate is incarcerated has evaluated the inmate's condition and found that the inmate is, as a result of mental disorder, any of the following:
- Gravely disabled and incompetent to refuse medication.
- A danger to self.
- A danger to others.
- The inmate has been advised of the need for, but has not been willing to accept, medication on a voluntary basis.

91090.6.1 Notice of Certification

For an inmate to be certified for involuntary medication for 21 days beyond the initial 72 hours, a notice of certification shall be signed by two people. The first person shall be the CP or designee. A designee of the CP shall be a psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

The second person shall be the physician or psychologist who participated in the evaluation. The physician shall be, if possible, a board certified psychiatrist. The psychologist shall be licensed and have at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

If the CP, or designee, is the physician or psychologist who performed the evaluation, the second person to sign shall be another physician or psychologist unless one is not available, in which case a social worker or an RN who participated in the evaluation shall sign the notice of certification.

CDC Form 7363, Notice of Certification

A CDC Form 7363, Notice of Certification, is required for all persons certified for the additional 21 days beyond the initial 72 hours of involuntary medication.

91090.6.2 Inmate Copy of CDC Form 7363

A copy of the CDC Form 7363 shall be personally delivered to the certified inmate, the inmate's attorney, or the attorney or advocate designated. The certified inmate shall also be asked to designate any person who is to be sent a copy of the certification notice. If the certified inmate is incapable of making this designation at the time of certification, the inmate shall be asked to designate a person as soon as the inmate is capable. Delivery of the notice shall take place within five days after the initial involuntary medication.

91090.6.3 Information Required to be Given to Certified Inmate

At the time of delivery of the CDC Form 7363, the inmate shall be informed, through use of the CDC Form 7366, Inmate Rights, Authorization for Involuntary Medication, that he or she is entitled to a certification review hearing, to be held within ten days of the initial involuntary medication, unless judicial review is requested, to determine whether or not probable cause exists to subject the inmate to involuntary medication related to the mental disorder.

The certified inmate shall be informed of his or her rights with respect to the certification review hearing, including the right to the assistance of another person to prepare for the hearing and/or to answer other questions and concerns regarding involuntary medication.

The person delivering a copy of certification to the certified inmate shall inform the inmate, at the time of delivery, of the legal right to judicial review by habeas corpus, shall explain that term to the certified inmate, and inform the inmate of the right to counsel, including court appointed counsel.

91090.6.4 Preparing for a Certification Review Hearing

As soon as practical after the certification, an attorney/advocate shall meet with the inmate to discuss the involuntary treatment process and to assist the inmate in preparing for the certification review hearing, or to answer questions or otherwise assist the inmate in preparing for the hearing. The attorney or advocate shall be provided with timely access to:

- Health care records.
- C-File.
- All documents and files relied upon in seeking authorization to involuntarily medicate the inmate.

When the inmate is unable or unwilling to sign such a release, the staff of the facility, upon satisfying itself of the identity of the attorney/advocate, and of the fact that the attorney/advocate does represent the interests of the inmate, shall release all such information and records relating to the inmate.

91090.6.5 Certification Review Hearing

When an inmate has been certified for involuntary medication, a certification review hearing shall be held:

- Within ten days of the initial involuntary medication, unless postponed for up to 48 hours by inmate, attorney, or advocate.
- Unless judicial review has been requested by the inmate seeking a petition for a writ of habeas corpus.

91090.6.5.1 Certification Review Hearing Officer

Certification review hearings shall be conducted by either a court-appointed commissioner or referee, or a certification review hearing officer.

The certification review hearing officer shall be one of the following:

- A State-qualified administrative law hearing officer.
- A medical doctor.
- A licensed psychologist.
- An RN.
- A lawyer.
- A licensed clinical social worker.

Licensed psychologists, licensed clinical social workers, and RNs who serve as certification review hearing officers shall have a minimum of five years' experience in mental health. Certification review hearing officers shall be selected from eligible persons unanimously approved by a panel composed of the local mental health director, the public defender, and the DAs of the county in which the facility is located. No employee of CDC shall serve as certification review hearing officer.

Certification Review Hearing Officers shall be initially identified by the Regional Senior Psychologists of HCSD, Operations. LAD shall be responsible for submitting the proposed names to the Public Defender, DA, and the Mental Health Director of the county in which the facility is located. Once approval is obtained, LAD shall notify the Keyhea coordinator at the facility.

To identify counsel to represent an inmate in a Keyhea proceeding, LAD shall consult the Public Defender of the county in which the facility is located. If the Public Defender is unwilling or unable to represent the inmate, then he or she shall be asked for a recommendation of other persons who would be able to serve in that capacity. Once the person has been identified, LAD shall notify the Keyhea coordinator at the facility.

91090.6.5.2 Location of Certification Review Hearings

The certification review hearing shall be:

- Conducted at the facility where the certified inmate is receiving treatment.
- Conducted in a location that is compatible with and least disruptive of the treatment being provided to the inmate.

91090.6.5.3 Presentation of Evidence at Certification Review Hearing

The evidence in support of the certification decision shall be presented by a person designated by the Warden of the facility. The certified inmate shall be present at the hearing unless he or she, with the assistance of the attorney or advocate, waives the right to be present.

91090.6.5.4 Inmate's Rights at the Certification Review Hearing

At the certification review hearing, the certified inmate shall have the following rights, that shall be explained to him/her through the use of CDC Form 7366, as required in DOM 99010.6.3:

- Assistance by an attorney/advocate.
- To present evidence on his/her own behalf.
- To question persons presenting evidence in support of the certification decision.
- To make reasonable requests for the attendance of facility employees who have knowledge of, or participated in, the certification decision.

91090.6.5.5 Procedures Regarding Certification Review Hearing

If the inmate has received medication within 24 hours or such longer period of time as the person conducting the hearing may designate prior to the beginning of the hearing, the person conducting the hearing shall be informed of that fact and of the probable effects of the medication.

The hearing shall be conducted in an impartial and informal manner in order to encourage free and open discussion by participants. The person conducting the hearing shall not be bound by rules of procedure and evidence applicable in judicial proceedings.

All evidence that is relevant to establishing that the certified inmate is or is not, as a result of mental disorder, either gravely disabled and incompetent to refuse medication or a danger to others or a danger to self may be admitted at the hearing and considered by the hearing officer.

At the conclusion of the certification review hearing, if the person conducting the hearing finds that there is not probable cause to believe that the certified inmate is, as a result of mental disorder, either gravely disabled and incompetent to refuse medication or a danger to others or to self, then the certified inmate may no longer be involuntarily medicated. Physicians at the institution shall ensure that withdrawal from medication is accomplished in a medically appropriate manner.

In determining whether there is probable cause to believe that the inmate is incompetent to refuse medication, the person conducting the certification review hearing shall determine whether there is probable cause to believe that the inmate is incapable of understanding or intelligently acting on the informational factors listed in the definition of "informed consent."

If at the conclusion of the certification review hearing the person conducting the hearing finds that there is probable cause to believe that the certified inmate is, as a result of mental disorder, either gravely disabled and incompetent to refuse medication or a danger to others or to self, then the inmate may be involuntarily medicated for a period of up to 21 additional days beyond the end of the 72 hour period following the initial involuntary medication.

The certified inmate shall be given oral notification of the decision at the conclusion of the certification review hearing. The attorney or advocate for the certified inmate and the Warden of the facility where the inmate is receiving medication shall be provided with a written notification of the decision including a statement of the evidence relied upon and the reasons for the decision. The CDC Form 7367, Certification Hearing Notice, shall be used to satisfy this requirement. The attorney or advocate shall notify the certified inmate of the certification review hearing decision and of the

inmate's right to file a request for termination of involuntary medication and to have a hearing on the request before an administrative law judge. A copy of the decision of the hearing officer and certification notice shall be submitted to the administrative law judge.

91090.7 Procedures for Long-Term Involuntary Medication for More Than 24 Days

Inmates who have been certified for the additional 21 days of involuntary medication shall not be involuntarily medicated beyond 24 days after the initial involuntary medication, unless an order has been obtained from an administrative law judge in accordance with the procedures set forth below.

Once involuntary medication has begun, the total period of involuntary medication, including intervening periods of voluntary treatment, shall not exceed the total maximum period during which the inmate could have been involuntarily medicated if the inmate had been medicated continuously on an involuntary basis, from the time of the initial involuntary medication.

91090.7.1 Filing of Petitions, Temporary Order, Service on Inmate

Prior to involuntarily medicating an inmate for more than 24 days, CDC's LAD, or other counsel in accordance with State law, shall file a petition with the Office of Administrative Hearings seeking an order authorizing involuntary medication. The petition filed with the Office of Administrative Hearings shall meet the requirements set forth in Section III-A of the permanent injunction, dated October 31, 1986 and any subsequent modification to that injunction, in the matter of Keyhea v. Rushen (178 Cal. App. 3d 526). CDC shall ensure that the inmate is provided with the procedural protections set forth above.

An administrative law judge may authorize CDC to involuntarily medicate an inmate for a period of no more than 23 days beyond the end of the certification period, if CDC petitions for a temporary order and submits supporting affidavits clearly establishing the necessity for the temporary order. CDC must provide three-days notice to the inmate and to his or her attorney (if one has been appointed or retained) of the request for a temporary order. The petition and supporting documents requesting the temporary order must be personally served on the inmate and his or her attorney at least three days prior to the judge's ruling on the temporary order.

91090.7.2 Procedural Protections

The inmate or his/her attorney may file a response to the petition within five days of the service of the petition on the inmate or attorney. The facility shall file the petition and personally serve a copy of the petition on the inmate or attorney at least 15 days prior to the hearing on the petition. In lieu of personal service on the inmate's attorney, he/she may be served by mail at least 20 days prior to the hearing. At least 15 days prior to the hearing, the facility shall serve a copy of the petition on the inmate's next-of-kin or on the persons listed in the inmate's records maintained by the facility to receive notification in case of emergency. Service on such individuals may be made by mail.

91090.7.3 An Inmate's Right to Assistance of Counsel

Any attorney appointed or otherwise obtained shall be provided timely access to all documents specified in the section above relating to preparation for the certification review hearing.

91090.7.4 Inmate's Attendance at Judicial Hearing

The inmate shall be present at the hearing except:

- Where the inmate is unable to attend the hearing by reason of medical inability, and CDC obtains an order from an administrative law judge authorizing the nonattendance of the inmate.
- If the petition alleges or the CDC contends the inmate is unable to attend the hearing because of medical inability, such inability shall be established by affidavit/certificate of a licensed medical practitioner. This document is evidence only of the inmate's inability to attend the hearing and shall not be considered in determining the issue of need for an order authorizing involuntary medication. Emotional or psychological instability is not good cause for the absence of the inmate from the hearing unless attendance is likely to cause serious and immediate psychological damage to the inmate.
- Where an investigator, or the prisoner's attorney, reports to the administrative law judge that the inmate has expressly communicated his/her refusal to attend the hearing or does not wish to contest the petition.
- If the petition alleges or CDC contends that the inmate is not willing to attend the hearing, or upon the filing of an affidavit or certificate attesting to the medical inability of the inmate to attend the hearing, CDC shall request that an investigator or the inmate's attorney be directed to do all of the following:
  - Interview the inmate personally.
  - Inform the inmate of:
  - The contents of the petition.
  - The nature, purpose, and effect of the proceeding.
  - The right to oppose the proceeding, attend the hearing, have the matter tried by jury, be represented by legal counsel if he/she so chooses, and have legal counsel appointed if unable to retain legal counsel.
  - Determine whether it appears that the inmate is unable and/or unwilling to attend the hearing.
  - Determine whether the inmate wishes to contest the petition.
  - Determine whether the inmate wishes to be represented by legal counsel and, if so, whether the inmate has retained legal counsel and if not, the name of an attorney the inmate wishes to retain.

91090.7.5 Right to Expedited Hearing

The inmate or attorney shall have the right to file a written demand for an expedited judicial hearing on the petition. If the demand is filed, the hearing shall commence within ten days of the date of filing.

91090.8 Rehearing Rights

Once a judge has issued an order authorizing involuntary medications, the inmate has a right to petition the administrative law judge for a rehearing to contest whether he/she presently is a danger to others; a danger to self; or gravely disabled and incompetent to refuse medication. No further petition for rehearing shall be submitted for a period of six months.

91090.9 Initiation of Long-Term Involuntary Medication Within 30 Days of Judicial Denial of Petition

In the event an inmate who has been found by the administrative law judge not to meet the criteria for involuntary medication within the preceding 30 days is administered anti-psychotic medications in an emergency, and such emergency condition is likely to last beyond 24 hours, the treating physician shall file a new petition within 48 hours. The inmate or his/her attorney may file a request for an expedited hearing on the petition. If such a request is filed, the hearing shall be held within five days of the filing of the request.

91090.10 Renewal of Involuntary Medication Orders

No later than one month before an order authorizing the administration of involuntary medication is due to expire, the clinical staff of the facility where the inmate is currently housed shall evaluate the inmate to determine whether renewal of the order is appropriate. Renewal is appropriate if the inmate, even after administration of anti-psychotic medication, still has no insight into his/her mental illness, if he/she refuses to accept that he/she has a mental illness or needs medication, or if it is clear that the inmate, but for the medication, would be dangerous or gravely disabled once again. If clinical staff determine that renewal is appropriate, the procedures outlined in these sections for filing of petitions shall be followed (i.e., no certification or certification review hearing is necessary).

91090.11 Revisions

The Deputy Directors, HCSD and LAD, or designees are responsible for ensuring that the contents of this section are kept current and accurate.

91090.12 References

PC § 2600.

CCR (15) (3) § 3364.

DOM §§ 62030, 62050, and 62080.

Keyhea v. Rushen (178 Cal. App. 3d 526).

The Consent Decree entered in Whitaker v. Rushen, (USDC, No. C-81-3284 SAW (N.D. Cal).

In re Conservatorship of Walker, (206 Cal.App.3d 1572), (254 Cal.Rptr. 552 (5th DCA, 1989).

ARTICLE 10 - ADVANCE DIRECTIVES AND DO NOT RESUSCITATE ORDERS

Effective July, 2006

91100 Policy

The California Department of Corrections and Rehabilitation (CDCR) recognizes that an inmate has the fundamental right to control decisions relating to his or her own health care, including the decision to have life-sustaining treatment withheld or withdrawn. The CDCR shall provide general information to all inmates about the use of Advance Directives (AD).

91100.1 Purpose

The purpose of this Article is to inform inmates that they have the right to make decisions about their health care; may use advance directives to

document these decisions; may execute a power of attorney for health care; and may appoint an eligible person to make health care decisions for them should they become incapacitated.

91100.2 Definitions

The following definitions shall apply to this Article.

"**Advance Health Care Directive**" or "**Advance Directive**" means either an individual health care instruction or a power of attorney for health care.

"**Agent**" means an individual designated in a power of attorney for health care to make a health care decision for the principal, regardless of whether the person is known as an agent or attorney-in-fact, or by some other term. "Agent" includes a successor or alternate agent.

"**Capacity**" means a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.

"**Conservator**" means a court appointed conservator having the authority to make a health care decision for a patient.

"Do-Not-Resuscitate Order" means a written order, which directs that resuscitation efforts (i.e., intubations and assisted mechanical ventilation, cardiac compression, defibrillation, and administration of cardio-tonic drugs) not to be initiated in the event of cardiac and/or respiratory arrest.

"Effective Communication" is the means by which information is translated and is understood by the intended party through speech, signals, or writing. The method of communication, which may include auxiliary aids, shall be determined on a case-by-case basis and shall be documented when utilized for health care contacts.

"Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

"**Health care decision**" means a decision made by an inmate-patient, or the inmate-patient's agent, conservator, or surrogate, regarding the inmate-patient's health care, including the following:

- Approval or disapproval of diagnostic tests, surgical procedures, and programs of medication.
- Directions to provide, withhold, or withdraw artificial nutrition, hydration, and all other forms of health care, including cardiopulmonary resuscitation (CPR).

"Health care provider" means an individual licensed, certified, or otherwise authorized or permitted by the law of this State to provide health care in the ordinary course of business or practice of a profession.

"**Individual health care instruction**" means a patient's written or oral direction concerning a health care decision for the patient.

"**Inmate**" means an adult inmate under the jurisdiction of the CDCR.

"**Licensed health care facility**" means a health care facility licensed by the California Department of Health Services, and includes Correctional Treatment Centers (CTC), Skilled Nursing Facilities (SNF), and General Acute Care Hospitals (GACH), and other facilities included in California Health and Safety Code § 1250.

"**Patient**" means an adult inmate whose health care is under consideration, and includes a principal under a power of attorney for health care and an adult inmate who has given an individual health care instruction or designated a surrogate**.**

"**Physician**" means a physician and surgeon licensed by the Medical Board of California or the Osteopathic Medical Board of California.

"**Primary Care Physician**" means a physician, nurse practitioner, or physician assistant designated to have primary responsibility for the patient's health care or, in the absence of a designation or if the designated physician is not reasonably available or declines to act as primary physician, a physician who undertakes the responsibility.

"**Principal**" means an adult who executes a power of attorney for health care.

"Power of Attorney for health care" means a written instrument designating an agent to make health care decisions for the principal.

"Reasonably available" means readily available to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs.

"Supervising health care provider" means the Chief Medical Officer or other designated Physician Manager.

"**Surrogate**" means an adult, other than an inmate-patient's agent or conservator, authorized to make a health care decision for the inmate-patient.

91100.3 Promoting the use of Advance Directives.

Information and forms concerning AD will be provided/available to the inmate population in designated locations in the institutions (*e.g.,* clinics, law library, CTC).

91100.4 Designation of Agents

The inmate-patient may choose a family member or close friend who is available and agreeable to assume the responsibility as an agent. If possible, the inmate-patient should get the consent of the potential agent before that person is designated and discuss his or her wishes with the agent in advance.

Supervising health care providers and CDCR employees (unless related to the inmate-patient by blood, marriage, or adoption, or is a registered domestic partner of the inmate-patient), may not serve as an inmate-patient's agent.

91100.4.1 Consent to Disclosure

A person then authorized to make health care decisions for an inmate-patient has the same rights as the inmate-patient to request, receive, examine, copy, and consent to the disclosure of any medical or other health care information as long as:

- The information is necessary to carry out his/or her duties.
- The person is not specifically excluded in an AD from doing so.

91100.4.2 Priority of Agents

An available agent has priority over any other person in making health care decisions, except where a surrogate has been designated. If a surrogate has been designated, the surrogate has priority over any other person, including a designated agent. If a court appoints a conservator for an inmate, CDCR shall comply with applicable court orders and/or mandates.

91100.4.3 Agent Revocation

An inmate-patient, having capacity, may revoke the designation of an agent by a signed writing or by personally informing the supervising health care provider.

91100.5 Designation of Surrogates

An inmate-patient may designate another adult as a surrogate to make health care decisions by personally informing the supervising health care provider. The health care provider shall promptly record the oral surrogate designation in the inmate-patient's health care record. A surrogate designation is only effective during the course of treatment for an illness or during the stay in the licensed health care facility when the designation is made or for sixty days, whichever period is shorter.

Supervising health care providers and CDCR employees (unless related to the inmate-patient by blood, marriage, or adoption, or is the registered domestic partner of the inmate-patient) may not serve as an inmate-patient's surrogate.

A surrogate must act in accordance with the inmate-patient's known desires or the surrogate's determination of the inmate-patient's best interests.

91100.5.1 Surrogate Revocation

An inmate-patient, having capacity, may disqualify another person at any time, including a member of the inmate-patient's family, from acting as the inmate-patient's surrogate by a signed writing or by personally informing the supervising health care provider of the disqualification.

91100.6 Revocation of an AD

An inmate-patient having capacity may revoke all or part of an AD in any manner that communicates intent to revoke, except the designation of an agent, which must be revoked in writing or by personally informing the supervising health care provider of the disqualification.

91100.7 Non-original copies of an AD

A copy of a written AD, revocation, or designation/disqualification of a surrogate, has the same effect as the original.

91100.8 Conflicting Advance Directives

A later AD that conflicts with an earlier AD revokes the earlier AD to the extent of the conflict.

91100.9 Verbal Health Care Decisions or Instructions

When an inmate-patient verbally expresses a health care decision or instruction to a health care staff person, the health care staff person shall ensure that the specific decision or instruction is documented appropriately.

Additionally, the health care staff person shall inform the inmate-patient of the AD process. If the inmate-patient wishes to complete an AD, the health care staff person shall provide the inmate-patient with the CDCR Form 7421, Advance Directive, and assist the inmate-patient in its preparation as necessary.

91100.10 Declining to comply with an Advance Directive, Health Care Decision, or Instruction

Health care providers may decline to comply with an inmate-patient's AD, health care decision, or health care instruction for such reasons as:

- Reasons of conscience.
- The AD health care decision or instruction is contrary to the CDCR policy.
- The AD health care decision or instruction requires medically ineffective health care and is contrary to health care standards.

A health care provider that declines to comply with an AD health care instruction or health care decision shall do all of the following:

- Promptly inform the inmate-patient, if possible, and any agent or surrogate authorized to make health care decisions for the inmate-patient of the decision.
- Document the decision in the inmate-patient's health record.

91100.11 Health Care Providers Responsibility

Health care providers caring for an inmate-patient shall:

- Request a copy of the AD for inclusion and maintenance in UHR.
- Communicate the health care decision and the identity of the person making the decision to the inmate-patient prior to implementation, if possible.
- Record the existence of an AD, revocation, or designation of a surrogate in the inmate-patient's UHR.
- Comply with an inmate-patient's health care instruction.
- Comply with the reasonable interpretation of the health care decisions made by the person authorized to make those decisions on behalf of the inmate-patient.

91100.12 Institution Staff Responsibility

The responsibilities of institutional staff concerning an AD are as follows:

Health Care Manager (HCM) or **Chief Medical Officer** (CMO) or designee shall ensure CDCR Form 7421 and instructions are provided for each inmate-patient as part of the admission procedure to any CDCR licensed health care facility.

Health Care Staff shall ask upon admission of an inmate-patient to a CDCR licensed health care facility, if an AD has ever been completed, either in California or any other state.

- If an AD has been completed, the health care staff shall:
  - Verify whether a current copy is in the UHR.
  - Notify the primary care provider.
  - Review the AD with the inmate-patient to determine if it is still current.
  - File a copy of the document in the inmate-patient's inpatient health care chart and ensure that the original document is filed in the inmate-patient's UHR.
- If an AD has not been completed the health care staff shall:
  - Explain the benefits of completing an AD.
  - If the inmate-patient wishes to complete an AD, the health care staff person shall give the inmate-patient the CDCR Form 7421.
  - Provide assistance to the inmate-patient, if necessary, for completion and understanding of the CDCR Form 7421.
  - Notify the physician staff of the CDCR Form 7421.
  - File a copy of the CDCR Form 7421, in the inmate-patient's inpatient health care chart and ensure that the original document is filed in the inmate-patient's UHR.

If the inmate-patient chooses not to complete an AD, health care staff shall document the offering and explaining the AD to the inmate-patient in the UHR.

91100.13 Screening for Effective Communications, Mental Health, Developmental Disability, and Physical Disability

For CDCR Form 7421 submitted by inmate-patients housed in a non-licensed bed, the HCM or designee shall review and screen the AD submitted by inmates as follows:

- HCM/designee shall review the institutions' roster of inmates who have Effective Communication (EC) needs.
- HCM/designee will complete the screening portion of CDCR Form 7421 identifying the inmate as one of the following:
  - No EC assistance needed.
  - Identify the type of EC assistance needed.
  - Mental Health, identified level of care.
  - Developmental Disability, identify designation.
  - Physical Disabilities, identify disability.
- If during screening it is determined that assistance is necessary, the HCM/designee will interview the inmate-patient with the CDCR Form 7421 to determine whether or not they understand the form. The HCM/designee shall document his/her findings.
  - If through the interview, the HCM/designee determines the inmate needs assistance with understanding the medical aspects of the CDCR Form 7421, the HCM/designee shall provide the needed assistance and will document the assistance provided on the form.
  - If the inmate-patient understands the medical aspects of the CDCR Form 7421, the HCM/designee shall forward the document to the Health Records Technician II (HRT-II).
  - If the inmate-patient does not understand the CDCR Form 7421, due to mental health concerns, the HCM/designee shall refer the inmate-patient to the Chief Psychiatrist or designated mental health care professional. The Chief Psychiatrist or designated mental health care professional will ducat the inmate patient, meet with him/her to determine whether or not the inmate has the mental capacity to make a decision regarding future health care, advise the inmate-patient of their decision, and document it on the CDCR Form 7421.
  - Upon completion, the mental health care professional will return the CDCR Form 7421 to the HRT-II.
  - If the mental health care professional determines that the inmate does have the mental capacity to make the decision, the mental health professional will return the CDCR Form 7421. The HRT-II will then forward the form to the institution notary for further processing (i.e. verification of inmate identity and signature, notary public signature, and placement of official seal).
  - If the mental health care professional determines that the inmate does not have the mental capacity, the HRT-II will file the document in the UHR, stamping the CDCR Form 7421 as INVALID in red ink, without further processing.

The HRT-II will process the CDCR Form 7421, as follows:

- The HRT-II shall maintain a tracking log of all AD.
- If no assistance is required to the inmate submitting an AD, the HRT-II shall request notary services to notarize the inmate-patient signature on the CDCR Form 7421.
- Upon completion, the notary will return the CDCR Form 7421 to the HRT-II who will log its receipt and place it in the inmate-patient's UHR.
- The HRT-II shall process the CDCR Form 7421 within 30 days of receipt.

91100.14 Prerequisites for a Valid Written CDCR Form 7421

All of the following criteria must be met in order for a CDCR Form 7421 to be legally sufficient.

- The AD must be signed by the inmate-patient.
- The signature must be dated.
- The AD must be notarized.
- The AD must comply with all requirements for agents (See §99020.4), if an agent is designated.

The use of a particular AD form is not necessary, and if a form is used, it is valid even if it has been changed and/or only partially completed. If the AD is executed and valid in another state or jurisdiction, it shall be enforceable to the same extent as an AD validly executed in California.

91100. 15 Filing the AD in the UHR

Upon receipt of a valid AD, health records staff shall file it in the health record, flag the health record by stamping the cover "ADVANCE DIRECTIVE," and inserting a yellow sheet of paper in the green section (labeled "Medico-Legal"). The yellow sheet shall be clearly marked in red ink with the statement "This Record Contains an Advance Health Care Directive." A copy of the document shall be filed in the most current volume of the UHR.

91100.16 Do Not Resuscitate Order

CPR shall be initiated in all cases of cardiac and/or respiratory arrest except when a valid Do Not Resuscitate (DNR) order has been properly documented in the inmate-patient's UHR.

If an inmate-patient has capacity and wishes to have resuscitation measures initiated, that desire shall be followed. If an inmate-patient has capacity and decides to have resuscitation measures withheld, that desire should be followed. If an inmate-patient does not have capacity, a decision regarding the use of CPR shall be made by an agent or surrogate based on previously expressed desire of the inmate-patient. The treating physician shall seek the concurrence of the inmate-patient or the agent or surrogate before writing a DNR order.

A DNR order may be written in the UHR when, in the treating physician's judgment, an inmate-patient is terminally ill and no reasonable treatment for the underlying disease process remains available. The decision to write a DNR order shall be made by the treating and/or designated physician and shall be based on:

- The right of the patient or his/her surrogate decision-maker to refuse medical care, even when it could prolong life; and
- The medical judgment that the potential benefits of resuscitation, assessed in context of the inmate-patient's total medical condition, no longer justify initiation of resuscitation efforts.

A DNR order shall be implemented with the understanding that every effort shall be made to relieve the patient's suffering and maintain comfort. A DNR order does not imply that other therapeutic measures necessary to promote comfort should not be provided (e.g., palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions).

The treating physician shall be responsible for determining whether an inmate-patient is capable of making health care decisions and discussing the possibility of cardiopulmonary arrest. The physician shall describe the procedures performed during CPR, including the likelihood of success and the potential adverse consequences, and encourage the inmate-patient to express whether he/she would prefer resuscitation to be performed. These discussions should be initiated as early as possible during hospitalization or placement in a CDCR licensed health care facility. If there is a question concerning an inmate-patient's capacity to make informed health care decisions, the treating physician shall request a psychiatric consult.

If the inmate-patient is unable to communicate informed health care decisions, or lacks capacity to make health care decisions, and has not designated an agent or surrogate either orally or via an AD, the treating physician shall work with the Office of Legal Affairs to identify an appropriate surrogate. The physician shall advise the surrogate of the inmate-patient's diagnosis and prognosis, and request that a decision be made on behalf of the inmate-patient regarding the initiation of CPR.

91100.16.1 Documentation

The treating physician shall write the DNR order on the Physician's Order sheet in the inmate-patient's UHR, and briefly state the inmate-patient's terminal diagnosis. Additionally, the physician shall document the following in the patient progress notes:

- The medical diagnosis and prognosis at the time the order is written.
- The current mental and physical status of the inmate-patient at the time the order is written.
- The name of the agent or surrogate (if designated) and the relationship to the patient.
- A statement indicating the benefits, burdens, and risks of CPR, as well as the probable chances of successful outcome were discussed with the inmate-patient (or agent or surrogate if appropriate).
- Documentation of consultations with other physicians.
- A statement indicating the patient, or the agent, or surrogate concurs with the decision to withhold CPR in the event of cardiac and/or respiratory arrest.

If an inmate-patient requests that resuscitation measures be limited to specific interventions, the physician shall identify the intervention to be withheld, as well as the interventions to be initiated, on the Physician's Order sheet in the inmate-patient's UHR.

91100.16.2 Telephone Orders

Physician telephone orders to withhold CPR are acceptable when witnessed by one Registered Nurse and one other health care staff person who is not related to the inmate-patient. Both staff persons must sign the telephone order. Within 24 hours, the physician giving the telephone order shall co-sign the order sheet and document in the inmate-patient's progress notes the rationale for the DNR order, and that the decision was discussed with the inmate-patient or surrogate decision-maker prior to writing the order. If the telephone order is not co-signed by the treating physician within 24 hours of issuance, it shall automatically be discontinued.

91100.16.3 Periodic Review

In licensed CDCR beds the treating physician shall review the DNR order at least monthly and whenever a change in the inmate-patient's condition occurs. In those cases where the inmate-patient's condition or prognosis improves, the treating physician shall reopen discussion with the inmate-patient, agent, or surrogate and update or reverse the DNR order in accordance with the inmate-patient's wishes. The physician shall document any modification to the DNR order and supporting rationale in the inmate-patient's UHR.

91100.16.4 Anesthesia and Surgery

In CDCR licensed beds, the treating physician or other designated Primary Care Physician (PCP), shall be responsible for discussing and documenting whether a DNR order is to be maintained, or completely or partially suspended, during anesthesia and surgery. Discussions with the inmate-patient, agent, or surrogate should include:

- The goals of surgery.
- The possibility of cardiopulmonary arrest.
- A description of the procedures performed during CPR.
- Possible outcomes with and without CPR.

The treating physician shall document the inmate-patient's decision regarding the continuation or suspension of the DNR order during anesthesia and surgery in the UHR and communicate the inmate-patient's wishes to all health care providers potentially involved in the surgical procedure. If the inmate-patient requests that the DNR order be suspended during anesthesia and surgery, the physician or designated PCP, shall document when the order is to be reinstated.

91100.16.5 Accepting a DNR Order from another CDCR Institution

If a terminally ill inmate-patient with a DNR order transfers to another CDCR institution, the receiving institution may accept the sending institution's DNR order on a temporary basis. A physician at the receiving institution must discuss the resuscitation status with the inmate-patient within 72 hours of the inmate-patient's arrival and rewrite the DNR according to the inmate-patient's desires.

91100.16.6 Rescinding a DNR Order

The inmate-patient or surrogate decision-maker may rescind a DNR order at any time by simply informing health care staff of the desire to cancel the order. The cancellation becomes effective as soon as the inmate-patient, agent, or surrogate communicates his/her desire to rescind the order to health care staff. Health care staff who receive notification of an inmate-patient's desire to cancel a DNR order shall notify the treating physician immediately. The treating physician shall make a notation regarding the cancellation of the order on the Physician's Order sheet and patient progress notes in the inmate-patient's UHR. Following cancellation of a DNR order, full CPR shall be initiated in the event of cardiac and/or respiratory arrest.

91100.16.7 DNR Instructions Given to a Non-Health Care Staff Person

Any non-health care staff person (*i.e.,* clerical staff, administrative staff, correctional officer, *etc.*) who receives oral or written DNR instruction from an inmate-patient shall promptly notify the Supervising Registered Nurse. The Supervising Registered Nurse shall confirm the patient's request and immediately notify the patient's primary care provider, the physician on call, the Medical Officer of the Day, or the Health Care Manager/designee. The notified health care staff member shall ensure that a DNR order is promptly implemented or rescinded in accordance with the inmate-patient's wishes. Health care staff shall document all DNR instructions in the inmate-patient's UHR. This includes oral instruction given to a non-health care staff person concerning the use of resuscitation measures and designation of a surrogate.

91100.17 Authorizing Anatomical Gifts

Inmate-patients or their appointed agents may authorize post-mortem (after death) tissue or organ anatomical gifts. The HCM or CMO shall promptly notify the local donor agency of the decision to authorize tissue or organ anatomical gifts.

CDCR shall not be responsible for any costs associated with the organ donation process.

91100.18 Revisions

The Director of the Division of Correctional Health Care Services or designee is responsible for ensuring that the contents of this Article are kept current and accurate.

91100.19 Reference

Family Code, §7002

Health & Safety Code § 1250

Probate Code, §§3200, 3201, 4605, 4607, 4609, 4617, 4621, 4623, 4629, 4643, 4674(c)(1), 4701(5.3), and 4711.

Welfare and Institutions Code §5325

CCR, (15) (3), §§3000, 3351 and 3353.1